

University Hospitals MA Red Plan by PTHP

2024 Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 24440, Version Number 6

This formulary was updated on 08/25/2023. For more recent information or other questions, please contact University Hospitals MA Red Plan by PTHP Customer Service at 1-833-954-0483 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

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Formulary ID: 24440, Version: 6, Effective: 01/01/2024
Last Updated: August 2023

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means University Hospitals MA Red Plan by PTHP. When it refers to “plan” or “our plan,” it means University Hospitals MA Red Plan by PTHP.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the University Hospitals MA Red Plan by PTHP Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the University Hospitals MA Red Plan by PTHP’s Formulary?”

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the University Hospitals MA Red Plan by PTHP’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, we will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 74. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the University Hospitals MA Red Plan by PTHP's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the University Hospitals MA Red Plan by PTHP's Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

For more information

For more detailed information about your University Hospitals MA Red Plan by PTHP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

University Hospitals MA Red Plan by PTHP Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *furosemide*).

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by our plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

The information in the Requirements/Limits column tells you if University Hospitals MA Red Plan by PTHP has any special requirements for coverage of your drug.

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **GC:** Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	GC
<i>diclofenac potassium tablet 50mg</i>	2	GC
<i>diclofenac sodium dr</i>	2	GC
<i>diclofenac sodium er</i>	2	GC
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	GC
<i>diflunisal tablet 500mg</i>	2	GC
<i>etodolac er</i>	4	
<i>etodolac capsule, tablet</i>	2	GC
<i>flurbiprofen tablet</i>	2	GC
<i>ibu</i>	1	GC
<i>ibuprofen suspension</i>	2	GC
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	GC
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	4	
<i>ketoprofen capsule</i>	4	
<i>meloxicam tablet</i>	1	GC
<i>nabumetone tablet</i>	2	GC
<i>naproxen sodium tablet 275mg, 550mg</i>	2	GC
<i>naproxen tablet delayed release</i>	2	GC
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	GC
<i>piroxicam capsule</i>	2	GC
<i>sulindac tablet</i>	2	GC
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	5	QL(15 EA per 30 days)
<i>methadone hcl tablet</i>	2	GC
<i>methadone hcl solution</i>	4	
<i>methadone hydrochloride intensol</i>	2	GC
<i>methadone hydrochloride concentrate</i>	2	GC
<i>methadose sugar-free</i>	2	GC
<i>methadose concentrate 10mg/ml</i>	2	GC
<i>morphine sulfate er capsule extended release 24 hour 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL(30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate er tablet extended release</i>	2	QL(120 EA per 30 days); GC
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	4	QL(60 EA per 30 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	5	QL(60 EA per 30 days)

Formulary ID: 24440, Version: 6, Effective: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	3	QL(60 EA per 30 days)
<i>tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL(30 EA per 30 days)
<i>tramadol hcl er tablet extended release 24 hour</i>	4	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tablet</i>	2	QL(360 EA per 30 days); GC
<i>acetaminophen/codeine solution</i>	3	QL(3240 ML per 30 days)
<i>ascomp/codeine</i>	4	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	4	QL(180 EA per 30 days)
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL(180 EA per 30 days)
<i>butorphanol tartrate solution</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	5	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 10mg</i>	2	QL(180 EA per 30 days); GC
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl tablet</i>	2	QL(180 EA per 30 days); GC
<i>hydromorphone hcl liquid</i>	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>lorcet</i>	2	QL(360 EA per 30 days); GC
<i>lorcet hd</i>	2	QL(180 EA per 30 days); GC
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tablet</i>	2	QL(180 EA per 30 days); GC
<i>morphine sulfate oral solution</i>	4	
<i>morphine sulfate injection 2mg/ml, 4mg/ml, 8mg/ml</i>	4	
<i>nalocet</i>	5	
NUCYNTA	4	QL(180 EA per 30 days)
<i>oxycodone hcl capsule</i>	2	GC
<i>oxycodone hydrochloride tablet</i>	2	QL(180 EA per 30 days); GC
<i>oxycodone hydrochloride capsule, concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
<i>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	5	
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	3	
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days); GC
<i>tramadol hcl tablet</i>	2	GC
<i>tramadol hydrochloride/acetaminophen</i>	2	GC
<i>tramadol hydrochloride tablet 100mg</i>	2	GC
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	GC
<i>lidocaine hcl jelly</i>	2	GC
<i>lidocaine hcl prefilled syringe 2%</i>	2	GC
<i>lidocaine hcl external solution 4%</i>	4	
<i>lidocaine/prilocaine cream</i>	2	GC
<i>lidocaine ointment 5%</i>	2	GC
LIDOCAINE PATCH 5%	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	GC
VIVITROL	5	
Opioid Dependence		
BUNAVAIL FILM 4.2MG; 0.7MG, 6.3MG; 1MG	4	
<i>buprenorphine hcl/naloxone hcl</i>	2	GC
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL(360 EA per 30 days); GC
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL(90 EA per 30 days); GC
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	GC
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	GC
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	4	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	GC
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	GC
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	GC
<i>neomycin/polymyxin b sulfates</i>	2	GC
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE INJECTION 1GM	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindamycin hcl capsule 300mg, 75mg</i>	2	GC
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	GC
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	GC
<i>clindamycin/sodium chloride</i>	2	GC
<i>colistimethate sodium</i>	5	
DALVANCE	5	
DAPTOMYCIN INJECTION 500MG	5	
<i>fosfomycin tromethamine</i>	3	
<i>linezolid tablet</i>	4	
<i>linezolid suspension reconstituted</i>	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid injection 600mg/300ml; 0.9%</i>	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	GC
<i>metronidazole capsule 375mg</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	GC
<i>nitrofurantoin macrocrystals</i>	2	GC
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	GC
<i>nitrofurantoin suspension</i>	5	
SIVEXTRO	5	
SOLOSEC	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	GC
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	GC
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	GC
VANCOMYCIN HYDROCHLORIDE CAPSULE	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED 25MG/ML	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	2	GC
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	GC
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	GC
<i>cefadroxil tablet</i>	3	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	2	GC
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	GC
<i>cefazolin sodium injection 100gm, 10gm, 1gm, 300gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefazolin injection 2gm/100ml; 4%</i>	2	GC
<i>cefdinir capsule</i>	2	GC
<i>cefdinir suspension reconstituted</i>	4	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	GC
<i>cefotetan/dextrose</i>	2	GC
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 1gm; 4%, 2gm; 2.2%</i>	2	GC
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil tablet</i>	3	
<i>cefprozil suspension reconstituted</i>	4	
<i>ceftazidime/dextrose</i>	2	GC
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	GC
<i>ceftriaxone sodium injection</i>	4	
<i>ceftriaxone/dextrose</i>	2	GC
<i>cefuroxime axetil tablet</i>	2	GC
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	GC
<i>cephalexin capsule 750mg</i>	3	
<i>cephalexin suspension reconstituted, tablet</i>	2	GC
SUPRAX TABLET CHEWABLE	4	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	4	
TAZICEF INJECTION 1GM, 2GM, 6GM	4	
<i>tazicef injection 1gm</i>	4	
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable, tablet</i>	2	GC
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	GC
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	GC
<i>ampicillin sodium injection</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin capsule 500mg</i>	2	GC
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	GC
<i>nafcillin</i>	5	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
<i>penicillin g procaine</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	GC
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
<i>meropenem/sodium chloride</i>	4	
VABOMERE	4	
Macrolides		
<i>azithromycin tablet</i>	2	GC
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	ST
<i>erythrocin stearate tablet 250mg</i>	4	
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tablet</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin capsule delayed release particles 250mg</i>	4	
Quinolones		
BAXDELA TABLET	5	
<i>ciprofloxacin hcl tablet 750mg</i>	2	GC
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	GC
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	GC
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	GC
<i>sulfamethoxazole/trimethoprim tablet</i>	2	GC
<i>sulfamethoxazole/trimethoprim suspension</i>	4	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline</i>	4	
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	4	
<i>doxycycline hyclate capsule</i>	2	GC
<i>doxycycline hyclate injection</i>	4	
<i>doxycycline hyclate tablet 100mg, 20mg, 50mg, 75mg</i>	2	GC
<i>doxycycline hyclate tablet 150mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	GC
<i>doxycycline monohydrate capsule 150mg, 75mg</i>	4	
<i>doxycycline monohydrate tablet</i>	2	GC
<i>minocycline hcl capsule 75mg</i>	2	GC
<i>minocycline hcl tablet</i>	4	
<i>minocycline hydrochloride er tablet extended release 24 hour 105mg, 80mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	GC
<i>mondoxyne nl capsule 100mg</i>	3	
<i>mondoxyne nl capsule 75mg</i>	4	
<i>morgidox 1x50mg</i>	2	GC
<i>okebo capsule 75mg</i>	2	GC
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500MG	5	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
LAMICTAL XR KIT	4	
<i>lamotrigine er</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	GC
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	GC
NAYZILAM	5	
<i>roweepra</i>	2	GC
<i>roweepra xr</i>	4	
SPRITAM	4	
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 25MG, 50MG	4	
<i>topiramate er capsule er 24 hour sprinkle 200mg</i>	4	
<i>topiramate er capsule extended release 24 hour</i>	4	
<i>topiramate capsule sprinkle, tablet</i>	2	GC
<i>valproic acid</i>	2	GC
XCOPRI TABLET THERAPY PACK 0	4	
XCOPRI TABLET THERAPY PACK 0	5	
XCOPRI TABLET 100MG, 150MG, 50MG	4	
XCOPRI TABLET 200MG	5	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule</i>	3	
<i>ethosuximide solution</i>	4	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	4	
<i>clonazepam tablet</i>	2	GC
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	GC
<i>divalproex sodium er</i>	2	GC
<i>divalproex sodium capsule delayed release sprinkle</i>	2	GC
<i>gabapentin capsule</i>	2	GC
<i>gabapentin solution</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	GC
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	GC
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days); GC
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin solution</i>	3	
<i>primidone tablet</i>	2	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
VIGABATRIN	5	
VIGADRONE PACKET	5	
<i>vigadrone tablet</i>	5	
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	2	GC
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine tablet chewable, tablet</i>	2	GC
<i>carbamazepine suspension</i>	4	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	GC
<i>oxcarbazepine suspension</i>	4	
<i>phenytoin sodium extended</i>	2	GC
<i>phenytoin tablet chewable, suspension</i>	2	GC
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	
<i>zonisamide</i>	2	GC
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	GC
<i>donepezil hcl tablet 10mg</i>	1	GC
<i>donepezil hcl tablet 23mg</i>	2	GC
<i>donepezil hydrochloride tablet 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION	4	
<i>galantamine hydrobromide tablet</i>	4	
<i>rivastigmine tartrate</i>	2	GC
<i>rivastigmine transdermal system</i>	4	QL(30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl titration pak</i>	2	GC
<i>memantine hydrochloride er</i>	2	QL(30 EA per 30 days); GC
<i>memantine hydrochloride tablet</i>	2	QL(60 EA per 30 days); GC
<i>memantine hydrochloride solution</i>	4	
NAMENDA XR TITRATION PACK	3	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	5	
AUVELITY	4	
<i>bupropion hcl tablet 100mg</i>	2	GC
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	GC
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	4	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	GC
<i>bupropion hydrochloride tablet 75mg</i>	2	GC
<i>chlordiazepoxide/amitriptyline</i>	2	GC
FORFIVO XL	4	
<i>maprotiline hcl</i>	4	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	GC
<i>perphenazine/amitriptyline</i>	4	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tablet</i>	1	GC
<i>citalopram hydrobromide capsule, solution</i>	4	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	2	GC
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	GC
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	GC
<i>escitalopram oxalate tablet</i>	2	GC
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	
FETZIMA TITRATION PACK	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine dr</i>	4	
<i>fluoxetine hcl capsule 20mg</i>	2	GC
<i>fluoxetine hcl solution</i>	3	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	2	GC
<i>fluoxetine hydrochloride solution</i>	2	GC
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl er</i>	3	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	GC
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
PEXEVA	4	
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	GC
SERTRALINE HYDROCHLORIDE CAPSULE	4	
<i>sertraline hydrochloride tablet 100mg</i>	1	GC
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tablet 300mg</i>	2	GC
TRINTELLIX	4	
VENLAFAXINE BESYLATE ER	4	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days); GC
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days); GC
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er tablet extended release 24 hour</i>	3	QL(30 EA per 30 days)
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	GC
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	GC
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hcl tablet</i>	2	GC
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 100mg, 10mg, 50mg, 75mg</i>	2	GC
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	GC
<i>imipramine hcl tablet 25mg, 50mg</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hydrochloride tablet 10mg</i>	2	GC
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	GC
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	GC
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	GC
<i>phenadoz suppository 25mg</i>	2	GC
<i>prochlorperazine maleate tablet</i>	2	GC
<i>prochlorperazine suppository 25mg</i>	2	GC
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	GC
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	GC
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	4	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hcl tablet 24mg</i>	2	B/D; GC
<i>ondansetron hydrochloride tablet</i>	2	B/D; GC
<i>ondansetron odt</i>	2	B/D; GC
VARUBI TABLET THERAPY PACK	4	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
AMPHOTERICIN B LIPOSOME	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>casprofungin acetate injection 70mg</i>	4	
<i>casprofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream, solution, troche</i>	2	GC
CRESEMBA CAPSULE	5	
<i>econazole nitrate cream</i>	2	GC
ERAXIS	5	
ERTACZO	5	
EXELDERM	4	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tablet</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>itraconazole solution</i>	5	
<i>ketoconazole cream, shampoo, tablet</i>	2	GC
<i>micafungin injection 100mg</i>	4	
<i>micafungin injection 50mg</i>	5	
<i>miconazole 3 suppository</i>	4	
<i>naftifine hydrochloride gel</i>	2	GC
NOXAFIL PACKET, SUSPENSION	5	
<i>nyamyc</i>	2	GC
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2	GC
<i>nystop</i>	2	GC
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole injection, suspension</i>	5	
<i>tavaborole</i>	4	
<i>terbinafine hcl tablet</i>	2	GC
<i>terconazole</i>	2	GC
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	B/D
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	GC
COLCHICINE CAPSULE	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat</i>	2	ST; GC
MITIGARE	3	QL(120 EA per 30 days)
<i>probenecid/colchicine</i>	2	GC
<i>probenecid tablet</i>	2	GC
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE SOLUTION	4	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	3	
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate</i>	4	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL(9 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days); GC
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days); GC
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL(5 ML per 30 days); GC
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL(9 ML per 30 days); GC
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days); GC
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan odt</i>	4	QL(6 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(6 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet</i>	2	GC
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid tablet</i>	2	GC
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	4	
<i>cyclophosphamide capsule, tablet</i>	3	B/D
<i>dacarbazine injection 100mg, 200mg</i>	2	GC
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	5	
<i>ifosfamide</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	5	
MATULANE	5	
<i>oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	4	
<i>oxaliplatin injection 100mg, 50mg</i>	5	
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	4	
VALCHLOR	5	
Antiandrogens		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>bicalutamide</i>	2	GC
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	QL(120 EA per 30 days); PA
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
YONSA	5	QL(120 EA per 30 days); PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(28 EA per 28 days); PA
POMALYST	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA
TABRECTA	5	PA
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	GC
TOREMIFENE CITRATE	5	
Antimetabolites		
<i>cytarabine aqueous</i>	4	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	4	B/D
DROXIA	3	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>gemcitabine hcl</i>	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	3	
<i>hydroxyurea capsule</i>	2	GC
<i>mercaptopurine tablet</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	4	B/D
<i>azacitidine</i>	5	
BESREMI	5	PA
<i>bleomycin sulfate</i>	4	B/D
<i>bortezomib injection 3.5mg/1.4ml</i>	4	
<i>bortezomib injection 3.5mg</i>	5	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>docetaxel injection 20mg/2ml</i>	5	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	4	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride injection 10mg</i>	4	B/D
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	4	
EPKINLY	5	PA
GAVRETO	5	QL(120 EA per 30 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
<i>idarubicin hcl</i>	4	
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 5mg</i>	2	GC
<i>leucovorin calcium tablet 10mg, 15mg, 25mg</i>	3	
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	QL(3 EA per 28 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU	5	PA
<i>paclitaxel</i>	4	
PEMAZYRE	5	QL(30 EA per 30 days); PA
PROLEUKIN	5	
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
SCEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
SYNRIBO	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>vinblastine sulfate injection 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VONJO	5	QL(120 EA per 30 days); PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	QL(30 EA per 30 days); GC
EXEMESTANE	3	
<i>letrozole</i>	2	GC
Enzyme Inhibitors		
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	GC
<i>irinotecan hydrochloride</i>	4	
<i>irinotecan injection 500mg/25ml</i>	4	
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	GC
Molecular Target Inhibitors		
ALECENSA	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ	5	PA
COPIKTRA	5	QL(60 EA per 30 days); PA
COTELLIC	5	PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA
ERIVEDGE	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 25MG	4	PA
ERLOTINIB HYDROCHLORIDE TABLET 150MG	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(120 EA per 30 days); PA
<i>gefitinib</i>	5	QL(30 EA per 30 days); PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA TABLET	5	QL(30 EA per 30 days); PA
IMBRUVICA SUSPENSION	5	QL(324 ML per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA
MEKINIST SOLUTION RECONSTITUTED	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI	5	QL(180 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
NERLYNX	5	PA
ODOMZO	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(120 EA per 30 days); PA
RYDAPT	5	PA
<i>sorafenib</i>	5	QL(120 EA per 30 days); PA
<i>sorafenib tosylate</i>	5	QL(120 EA per 30 days); PA
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA
STIVARGA	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE	5	QL(30 EA per 30 days); PA
TAFINLAR TABLET SOLUBLE	5	PA
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA
TAGRISSE	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	QL(120 EA per 30 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA
VIZIMPRO	5	QL(30 EA per 30 days); PA
VOTRIENT	5	QL(120 EA per 30 days); PA
WELIREG	5	PA
XALKORI	5	QL(60 EA per 30 days); PA
XOSPATA	5	PA
ZEJULA TABLET	5	PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(240 EA per 30 days); PA
ZYDELIG	5	QL(60 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA
Retinoids		
BEXAROTENE CAPSULE	5	PA
<i>bexarotene gel</i>	5	PA
PANRETIN	5	
TRETINOIN CAPSULE 10MG	5	
Treatment Adjuncts		
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
ALBENDAZOLE TABLET	5	
EMVERM	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ATOVAQUONE	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet</i>	2	GC
<i>mefloquine hcl</i>	2	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
<i>primaquine phosphate tablet</i>	4	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	GC
<i>trihexyphenidyl hcl solution</i>	2	GC
<i>trihexyphenidyl hydrochloride</i>	2	GC
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	5	
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate tablet</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	GC
<i>ropinirole er</i>	2	GC
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	GC
<i>carbidopa/levodopa er</i>	2	GC
<i>carbidopa/levodopa odt</i>	2	GC
<i>carbidopa tablet</i>	4	
DUOPA	5	B/D
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	GC
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl tablet</i>	3	
<i>fluphenazine hcl concentrate, injection</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	GC
<i>loxapine</i>	2	GC
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL(1 EA per 28 days)
ABILIFY MYCITE	5	
ABILIFY MYCITE MAINTENANCE KIT	5	
ABILIFY MYCITE STARTER KIT	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days); GC
<i>aripiprazole solution</i>	4	
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	
CAPLYTA	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	
FANAPT TABLET 4MG	4	
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	
INVEGA HAFYERA	5	PA
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	PA
<i>lurasidone hydrochloride</i>	4	
LYBALVI	5	
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt</i>	4	
<i>olanzapine tablet</i>	2	GC
<i>olanzapine injection</i>	4	
<i>paliperidone er</i>	4	
PERSERIS	5	
<i>quetiapine fumarate</i>	2	GC
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
REXULTI	5	
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone</i>	2	GC
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
SECUADO	5	
VRAYLAR CAPSULE THERAPY PACK	4	
VRAYLAR CAPSULE	5	
<i>ziprasidone hcl</i>	2	GC
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine odt tablet disintegrating 200mg</i>	5	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tablet</i>	2	GC
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	GC
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	GC
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
VALGANCICLOVIR HYDROCHLORIDE	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	
ENTECAVIR	4	
EPIVIR HBV SOLUTION	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET	5	PA
EPCLUSA TABLET	5	QL(28 EA per 28 days); PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET PACKET	5	PA
MAVYRET TABLET	5	QL(84 EA per 28 days); PA
<i>ribavirin capsule</i>	3	
<i>ribavirin tablet 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL(28 EA per 28 days); PA
VOSEVI	5	QL(28 EA per 28 days); PA
ZEPATIER	5	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
VOCABRIA	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er</i>	4	
<i>nevirapine tablet</i>	3	
<i>nevirapine suspension</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	5	
CIMDUO	5	
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>stavudine capsule</i>	4	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule, tablet</i>	3	
<i>zidovudine syrup</i>	4	
Anti-HIV Agents, Other		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
CRIXIVAN CAPSULE 400MG	4	
<i>darunavir tablet 600mg</i>	4	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule</i>	3	
<i>oseltamivir phosphate suspension reconstituted</i>	4	
RELENZA DISKHALER	4	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	4	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	GC
<i>acyclovir suspension 200mg/5ml</i>	3	
<i>acyclovir tablet 400mg, 800mg</i>	2	GC
<i>famciclovir tablet</i>	2	GC
<i>valacyclovir hcl tablet 1gm</i>	2	GC
<i>valacyclovir hydrochloride tablet 500mg</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tablet 15mg, 30mg</i>	2	GC
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	2	GC
Benzodiazepines		
<i>alprazolam</i>	2	GC
<i>alprazolam er</i>	4	
<i>alprazolam intensol</i>	4	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol</i>	4	
<i>diazepam tablet</i>	2	QL(120 EA per 30 days); GC
<i>diazepam concentrate, solution</i>	4	
<i>lorazepam intensol</i>	2	GC
<i>lorazepam tablet</i>	2	GC
Bipolar Agents		
<i>Mood Stabilizers</i>		
EQUETRO	4	
<i>lithium carbonate er</i>	2	GC
<i>lithium carbonate capsule</i>	1	GC
<i>lithium carbonate tablet</i>	2	GC
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE	4	QL(30 EA per 30 days)
BYDUREON BCISE	4	QL(4 ML per 28 days); PA
FARXIGA	3	QL(30 EA per 30 days)
<i>glimepiride</i>	1	GC
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide tablet 5mg</i>	1	QL(240 EA per 30 days); GC
<i>glyburide micronized</i>	2	QL(60 EA per 30 days); PA; GC
<i>glyburide/metformin hydrochloride</i>	2	PA; GC
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA; GC
<i>glyburide tablet 1.25mg, 1.5mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA; GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
JENTADUETO	3	QL(60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
KAZANO	4	QL(60 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	4	QL(30 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	4	QL(60 EA per 30 days); ST
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	GC
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	2	GC
NESINA	4	QL(30 EA per 30 days); ST
ONGLYZA	4	QL(30 EA per 30 days); ST
OSENI	4	QL(30 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	GC
<i>pioglitazone hcl tablet 45mg</i>	1	GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	GC
QTERN	4	QL(30 EA per 30 days)
<i>repaglinide</i>	2	GC
RYBELSUS	3	QL(30 EA per 30 days); PA
SOLIQUA 100/33	3	QL(90 ML per 30 days); PA
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
<i>tolbutamide</i>	2	GC
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
XIGDUO XR	3	QL(30 EA per 30 days)
XULTOPHY 100/3.6	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG TEMPO PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
LANTUS	3	
LANTUS SOLOSTAR	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	GC
<i>jantoven</i>	1	GC
<i>warfarin sodium tablet</i>	1	GC
XARELTO STARTER PACK	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABLET	3	
XARELTO SUSPENSION RECONSTITUTED	5	
ZONTIVITY	4	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
FULPHILA	5	
GRANIX	5	
LEUKINE INJECTION 250MCG	5	
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NYVEPRIA	5	
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
<i>cilostazol</i>	2	GC
<i>clopidogrel</i>	2	GC
<i>prasugrel</i>	2	GC
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	2	GC
<i>clonidine hydrochloride tablet</i>	1	GC
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	2	GC
<i>methyldopa tablet 250mg, 500mg</i>	2	GC
<i>midodrine hcl</i>	2	GC
Alpha-adrenergic Blocking Agents		
PHENOXYBENZAMINE HYDROCHLORIDE	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl capsule 1mg, 5mg</i>	2	GC
<i>prazosin hydrochloride capsule</i>	2	GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	GC
<i>irbesartan</i>	1	GC
<i>losartan potassium tablet</i>	1	GC
<i>olmesartan medoxomil tablet</i>	1	GC
<i>telmisartan</i>	2	GC
<i>valsartan tablet</i>	1	GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride tablet 20mg</i>	1	GC
<i>captopril tablet</i>	2	GC
<i>enalapril maleate tablet</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril tablet</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	2	GC
<i>quinapril hcl tablet 20mg, 40mg</i>	1	GC
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
Antiarrhythmics		
<i>amiodarone hcl tablet 400mg</i>	2	GC
<i>amiodarone hydrochloride tablet 200mg</i>	1	GC
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	2	GC
<i>digitek tablet 0.25mg</i>	2	PA; GC
<i>digitek tablet 0.125mg</i>	2	QL(30 EA per 30 days); GC
<i>digoxin tablet 250mcg</i>	2	PA; GC
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>digox tablet 250mcg</i>	2	PA; GC
<i>digox tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>dofetilide</i>	2	GC
<i>flecainide acetate</i>	2	GC
<i>mexiletine hcl</i>	4	
MULTAQ	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	GC
<i>propafenone hcl</i>	2	GC
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tablet</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hydrochloride (af)</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	GC
<i>atenolol tablet</i>	1	GC
<i>bisoprolol fumarate</i>	2	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tablet</i>	2	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	GC
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>nebivolol tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>pindolol tablet</i>	2	GC
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	GC
<i>propranolol hcl solution</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	GC
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	GC
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	GC
<i>felodipine er</i>	2	GC
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	GC
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	GC
<i>diltiazem hcl cd</i>	2	GC
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	GC
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	GC
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	GC
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	GC
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>diltiazem hydrochloride tablet 120mg</i>	2	GC
<i>matzim la</i>	2	GC
<i>taztia xt</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er</i>	2	GC
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	2	GC
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	GC
<i>verapamil hcl sr capsule extended release 24 hour</i>	2	GC
<i>verapamil hcl tablet 40mg, 80mg</i>	1	GC
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	2	GC
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	GC
<i>verapamil hydrochloride tablet 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	2	GC
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	1	GC
<i>amlodipine/olmesartan medoxomil</i>	2	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>benazepril hcl/hydrochlorothiazide</i>	2	GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	2	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	GC
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	GC
<i>captopril/hydrochlorothiazide</i>	2	GC
CORLANOR TABLET	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
ENTRESTO	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>methyldopa/hydrochlorothiazide</i>	3	
<i>metoprolol/hydrochlorothiazide</i>	2	GC
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	GC
<i>pentoxifylline er</i>	2	GC
<i>propranolol/hydrochlorothiazide</i>	2	GC
<i>quinapril/hydrochlorothiazide</i>	2	GC
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	2	QL(60 EA per 30 days); GC
<i>ranolazine er tablet extended release 12 hour 500mg</i>	2	QL(90 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone/hydrochlorothiazide</i>	2	GC
<i>telmisartan/amlodipine</i>	3	
<i>telmisartan/hydrochlorothiazide</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	GC
<i>triamterene/hydrochlorothiazide tablet</i>	1	GC
<i>valsartan/hydrochlorothiazide</i>	1	GC
Diuretics, Loop		
<i>bumetanide tablet</i>	2	GC
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	GC
<i>furosemide oral solution</i>	2	GC
<i>furosemide injection</i>	4	
<i>toremide tablet</i>	2	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	GC
<i>eplerenone</i>	2	GC
<i>spironolactone tablet</i>	1	GC
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	GC
<i>hydrochlorothiazide capsule, tablet</i>	1	GC
<i>indapamide tablet</i>	1	GC
<i>metolazone</i>	2	GC
Dyslipidemics, Fibric Acid Derivatives		
ANTARA CAPSULE 30MG, 90MG	3	
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	GC
<i>fenofibrate capsule 130mg, 134mg, 43mg</i>	2	GC
<i>fenofibrate capsule 150mg, 50mg</i>	3	
<i>fenofibrate tablet</i>	2	GC
<i>fenofibric acid dr</i>	2	GC
<i>fenofibric acid tablet 35mg</i>	2	GC
<i>gemfibrozil tablet</i>	2	GC
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC
<i>simvastatin tablet</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	GC
<i>cholestyramine packet, powder</i>	2	GC
<i>colesevelam hydrochloride</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl granules, tablet</i>	2	GC
<i>colestipol hcl packet</i>	3	
<i>ezetimibe</i>	2	QL(30 EA per 30 days); GC
<i>ezetimibe/simvastatin</i>	2	QL(30 EA per 30 days); GC
<i>icosapent ethyl</i>	3	
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	2	GC
<i>niacin tablet 500mg</i>	4	
NIACOR	4	
<i>omega-3-acid ethyl esters</i>	2	GC
PRALUENT	3	PA
<i>prevalite</i>	2	GC
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	3	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	GC
<i>isosorbide dinitrate tablet 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	2	GC
NITRO-BID	4	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	GC
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	GC
VERQUVO	4	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	GC
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	GC
<i>minoxidil tablet</i>	2	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tablet</i>	2	GC
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	4	
<i>dextroamphetamine sulfate er</i>	4	
<i>dextroamphetamine sulfate tablet</i>	2	GC
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	3	
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	3	
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg, 5mg</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	GC
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	4	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	GC
<i>guanfacine er tablet extended release 24 hour 2mg, 3mg</i>	4	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	4	
<i>metadate er tablet extended release 20mg</i>	4	
<i>methylphenidate hydrochloride er (la)</i>	4	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	GC
<i>methylphenidate hydrochloride tablet chewable, solution</i>	4	
Central Nervous System, Other		
AUSTEDO	5	PA
<i>butalbital/acetaminophen/caffeine capsule</i>	2	GC
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	GC
<i>butalbital/aspirin/caffeine capsule</i>	3	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	3	
TETRABENAZINE TABLET 25MG	4	QL(120 EA per 30 days); PA
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	4	QL(30 EA per 30 days)
<i>pregabalin er tablet extended release 24 hour 330mg</i>	4	QL(60 EA per 30 days)
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AUBAGIO	5	PA
AVONEX PEN	5	
AVONEX INJECTION 30MCG/0.5ML	5	
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	PA
<i>dimethyl fumarate starterpack</i>	5	PA
<i>fingolimod</i>	5	PA
GILENYA CAPSULE 0.25MG	5	PA
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
MAYZENT	5	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	PA
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
<i>teriflunomide</i>	4	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	GC
<i>lidocaine hcl mouth/throat solution 4%</i>	2	GC
<i>lidocaine hydrochloride viscous</i>	2	GC
<i>lidocaine viscous</i>	2	GC
<i>oralone dental paste</i>	2	GC
<i>paroex</i>	2	GC
<i>periogard</i>	2	GC
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	2	GC
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	4	
<i>acitretin</i>	3	
<i>adapalene gel 0.1%</i>	3	
<i>adapalene gel 0.3%</i>	4	
<i>amnesteem</i>	4	
<i>avita</i>	3	
<i>azelaic acid</i>	2	GC
CLARAVIS	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	GC
<i>metronidazole gel 0.75%, 1%</i>	2	GC
<i>metronidazole lotion 0.75%</i>	4	
MYORISAN	4	
<i>rosadan</i>	2	GC
<i>tazarotene gel</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin microsphere</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>vitazol</i>	2	GC
<i>zenatane</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	GC
<i>alclometasone dipropionate cream</i>	2	GC
<i>ammonium lactate cream, lotion</i>	2	GC
<i>baser lotion</i>	4	
<i>betamethasone dipropionate augmented cream</i>	2	GC
<i>betamethasone dipropionate augmented gel, lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	2	GC
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	2	GC
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, solution</i>	2	GC
<i>clobetasol propionate ointment, shampoo</i>	4	
<i>clodan</i>	4	
<i>desoximetasone cream, gel, ointment</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide cream, ointment</i>	2	GC
<i>fluocinolone acetonide solution</i>	4	
<i>fluocinonide</i>	2	GC
<i>fluocinonide emulsified base</i>	2	GC
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate lotion 0.05%</i>	4	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	2	GC
<i>hydrocortisone butyrate (lipid)</i>	2	GC
<i>hydrocortisone butyrate (lipophilic)</i>	2	GC
<i>hydrocortisone butyrate cream, ointment, solution</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	GC
<i>hydrocortisone lotion 2.5%</i>	2	GC
<i>hydrocortisone ointment 2.5%</i>	2	GC
<i>mometasone furoate cream 0.1%</i>	2	GC
<i>mometasone furoate ointment 0.1%</i>	2	GC
<i>mometasone furoate solution 0.1%</i>	2	GC
<i>prednicarbate cream</i>	4	
<i>selenium sulfide</i>	2	GC
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	2	GC
<i>triamcinolone acetonide aerosol solution</i>	4	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	GC
<i>triamcinolone acetonide ointment 0.05%</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>trianex</i>	4	
<i>triderm</i>	2	GC
<i>tritocin</i>	4	
<i>Dermatological Agents, Other</i>		
CALCIPOTRIENE FOAM	4	
<i>calcipotriene cream, ointment, solution</i>	4	
<i>calcitriol ointment 3mcg/gm</i>	4	
CARAC	5	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	GC
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	
CONDYLOX GEL	4	
DICLOFENAC SODIUM GEL 3%	4	PA
EPIFOAM	4	
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil cream 0.5%</i>	5	
<i>fluorouracil external solution 2%, 5%</i>	4	
IMIQUIMOD PUMP	5	
<i>imiquimod cream 5%</i>	2	GC
METHOXSALEN CAPSULE	5	
NEO-SYNALAR	4	
<i>nystatin/triamcinolone</i>	4	
<i>nystatin/triamcinolone acetonide cream</i>	4	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	GC
<i>ssd</i>	2	GC
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	2	GC
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution</i>	2	GC
<i>ciclopirox nail lacquer</i>	2	GC
<i>ciclopirox olamine</i>	2	GC
<i>ciclopirox suspension</i>	2	GC
<i>ciclopirox shampoo</i>	3	
<i>ciclopirox gel</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate external solution 1%</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone gel 5%</i>	4	
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pad 2%</i>	2	GC
<i>erythromycin solution 2%</i>	2	GC
<i>mupirocin ointment</i>	2	GC
<i>mupirocin cream</i>	4	
<i>penciclovir cream</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
CARGLUMIC ACID	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/10	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
CLINISOL SF 15%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 10%</i>	4	
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 20%</i>	4	
<i>dextrose 25% injection 250mg/ml</i>	4	
<i>dextrose 30%</i>	4	
<i>dextrose 40%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	GC
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
FREAMINE HBC 6.9%	4	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	GC
<i>klor-con 8</i>	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con sprinkle</i>	2	GC
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	2	GC
NEPHRAMINE	4	B/D
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride cr tablet extended release 10meq</i>	2	GC
<i>potassium chloride er</i>	2	GC
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium citrate er</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 2.5meq/ml</i>	2	GC
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>sodium chloride injection 3%, 4meq/ml, 5%</i>	4	
SYNTHAMIN 17	4	B/D
TPN ELECTROLYTES	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone</i>	5	PA
FERRIPROX TWICE-A-DAY	5	PA
FERRIPROX SOLUTION	5	PA
<i>penicillamine capsule 250mg</i>	5	
<i>sodium polystyrene sulfonate powder 0</i>	2	GC
<i>tolvaptan</i>	5	
TRIENTINE HYDROCHLORIDE	5	
<i>Phosphate Binders</i>		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate tablet 667mg</i>	2	GC
FOSRENOL PACKET	5	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate tablet</i>	2	GC
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer hydrochloride</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	2	GC
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	2	GC
<i>sps</i>	2	GC
VELTASSA	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>generlac</i>	2	GC
<i>lactulose solution</i>	2	GC
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK	3	QL(30 EA per 30 days)
RELISTOR	5	PA
TRULANCE	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	GC
<i>diphenoxylate/atropine liquid</i>	4	
<i>loperamide hcl capsule</i>	2	GC
MYTESI	4	
VIBERZI	5	QL(60 EA per 30 days); PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	GC
<i>dicyclomine hydrochloride injection</i>	4	
<i>glycate</i>	2	GC
<i>glycopyrrolate tablet</i>	2	GC
<i>methscopolamine bromide tablet</i>	4	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	4	
GATTEX	5	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-h</i>	2	GC
<i>gavilyte-n/ flavor pack</i>	2	GC
<i>lansoprazole/amoxicillin/clarithromycin therapy pack</i>	4	
<i>metoclopramide hcl solution</i>	2	GC
<i>metoclopramide hcl tablet 5mg</i>	1	GC
<i>metoclopramide hydrochloride tablet 10mg</i>	1	GC
MYALEPT	5	
<i>peg 3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes/ascorbate</i>	2	GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	GC
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	2	GC
PYLERA	5	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
<i>trilyte</i>	2	GC
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet</i>	3	
XIFAXAN TABLET 200MG	4	
XIFAXAN TABLET 550MG	5	
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine hcl solution</i>	3	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	3	
<i>cimetidine tablet</i>	3	
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	1	GC
<i>nizatidine capsule</i>	2	GC
<i>nizatidine solution</i>	4	
<i>Protectants</i>		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	GC
<i>sucralfate suspension</i>	3	
<i>Proton Pump Inhibitors</i>		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days); GC
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days); GC
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium</i>	2	QL(30 EA per 30 days); GC
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ARALAST NP INJECTION 500MG	4	PA
ARALAST NP INJECTION 1000MG	5	PA
<i>betaine anhydrous</i>	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>dichlorphenamide</i>	5	
ENDARI	5	PA
GLASSIA	5	PA
MIGLUSTAT	5	PA
<i>nitisinone</i>	5	
ORFADIN SUSPENSION	5	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	5	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	4	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	5	
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
ZEMAIRA	5	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL(30 EA per 30 days)
<i>fesoterodine fumarate er</i>	3	QL(30 EA per 30 days)
<i>flavoxate hcl</i>	4	
GEMTESA	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL(60 EA per 30 days); GC
<i>oxybutynin chloride syrup, tablet</i>	2	GC
<i>solifenacin succinate</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	2	QL(60 EA per 30 days); GC
<i>tolterodine tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>tropium chloride</i>	2	QL(60 EA per 30 days); GC
<i>tropium chloride er</i>	2	QL(30 EA per 30 days); GC
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	GC
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	GC
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	GC
<i>finasteride tablet</i>	1	GC
<i>tadalafil tablet 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride capsule 2mg</i>	1	GC
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	GC
<i>penicillamine tablet 250mg</i>	5	
<i>tiopronin</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	GC
<i>dexamethasone elixir, solution</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	GC
<i>fludrocortisone acetate tablet</i>	2	GC
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	GC
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	GC
<i>methylprednisolone dose pack tablet therapy pack</i>	2	GC
<i>methylprednisolone sodium succinate</i>	2	GC
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	2	GC
<i>methylprednisolone tablet</i>	2	GC
MILLIPRED TABLET	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution</i>	2	GC
<i>prednisolone tablet</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone solution</i>	2	GC
<i>prednisone tablet therapy pack</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	
LUPRON DEPOT-PED	5	
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE	5	PA
ZOMACTON	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
<i>oxandrolone tablet 2.5mg</i>	3	QL(120 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tablet 10mg</i>	3	QL(60 EA per 30 days); PA
Androgens		
<i>danazol capsule</i>	4	
METHITEST	4	
<i>methyltestosterone capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	GC
<i>testosterone enanthate injection</i>	2	GC
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 1.62%</i>	3	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution</i>	4	
Estrogens		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>amethia lo</i>	4	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	4	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	4	
<i>camrese lo</i>	4	
<i>caziant</i>	4	
<i>cryselle-28</i>	4	
<i>cyclafem 1/35</i>	4	
<i>cyclafem 7/7/7</i>	4	
<i>cyred eq</i>	3	
<i>desogestrel/ethinyl estradiol</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tablet</i>	1	GC
<i>estradiol cream, vaginal tablet</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol patch twice weekly, patch weekly</i>	3	
<i>estradiol gel</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	
<i>femynor</i>	3	
<i>fyavolv</i>	3	
<i>gemmily</i>	2	GC
<i>gianvi</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i>	3	
<i>jinteli</i>	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28</i>	3	
<i>lopreeza</i>	4	
<i>loryna</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel</i>	4	
<i>lutra</i>	3	
<i>lyllana</i>	3	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>merzee</i>	2	GC
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin 24 fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>mili</i>	3	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>nylia 1/35</i>	4	
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>orsythia</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>reclipsen</i>	3	
<i>rivelsa</i>	4	
<i>setlakin</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 eq</i>	3	
<i>taysofy</i>	2	GC
<i>tilia fe</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	4	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>yuvafem</i>	2	GC
<i>zarah</i>	4	
<i>zovia 1/35</i>	4	
<i>zovia 1/35e</i>	4	
Progestins		
<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	4	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	5	
<i>incassia</i>	4	
<i>lyleq</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone acetate tablet</i>	2	GC
<i>medroxyprogesterone acetate injection</i>	4	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>norethindrone acetate tablet</i>	2	GC
<i>norethindrone tablet</i>	4	
<i>progesterone capsule</i>	2	GC
<i>sharobel</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	GC
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	GC
<i>levothyroxine sodium injection 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	5	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	GC
SYNTHROID TABLET	3	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
RECORLEV	5	QL(240 EA per 30 days); PA
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	GC
CAMCEVI	4	
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days)
FIRMAGON INJECTION 120MG/VIAL	5	QL(2 EA per 28 days)
LANREOTIDE ACETATE	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 30MG	4	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	
OCTREOTIDE ACETATE INJECTION 1000MCG/ML	4	
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
ORGOVYX	5	PA
SIGNIFOR	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR	5	
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	
SYNAREL	5	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	GC
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
ICATIBANT ACETATE	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
PRIVIGEN	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	4	
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
RIDAURA	3	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	4	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL(2 EA per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(0.5 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	
PEGASYS	5	
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D; GC
BENLYSTA INJECTION 120MG, 400MG	5	PA
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	3	B/D
<i>gengraf solution</i>	3	B/D

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML, 80MG/0.8ML	5	QL(4 EA per 30 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
<i>leflunomide</i>	2	GC
<i>methotrexate sodium tablet</i>	2	GC
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	GC
<i>methotrexate injection 50mg/2ml</i>	2	GC
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D; GC
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D; GC
ORENCIA INJECTION 250MG	5	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(30 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
TREXALL	4	
XATMEP	4	
YUFLYMA 1-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9	4	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	4	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLUTION	4	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	GC
DIPENTUM	5	
<i>mesalamine dr</i>	3	
<i>mesalamine er capsule extended release 24 hour</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine kit</i>	2	GC
<i>mesalamine suppository</i>	3	
<i>mesalamine enema</i>	4	
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	GC
Glucocorticoids		
BUDESONIDE ER	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
<i>hydrocortisone cream 1%</i>	2	GC
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	GC
<i>procto-pak</i>	2	GC
<i>proctosol hc</i>	2	GC
<i>proctozone-hc</i>	2	GC
UCERIS FOAM	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	GC
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	GC
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol capsule 0.5mcg</i>	3	
<i>doxercalciferol capsule 1mcg, 2.5mcg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	
<i>ibandronate sodium</i>	2	GC
NATPARA	5	
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	
<i>paricalcitol capsule</i>	4	
PROLIA	4	
RAYALDEE	5	
<i>risedronate sodium dr</i>	3	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
TERIPARATIDE	5	
TYMLOS	5	
XGEVA	5	PA
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	GC
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine injection 200mg/ml</i>	2	GC
<i>alcohol prep pads</i>	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINOLIPID	4	B/D
CURITY GAUZE PADS 2"X2" 12 PLY	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine injection, oral solution, tablet</i>	4	
NUTRILIPID	4	B/D
<i>sodium chloride 0.9%</i>	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	GC
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTADROPS	5	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	GC
<i>neo-polycin</i>	2	GC
<i>neo-polycin hc</i>	2	GC
<i>neomycin/bacitracin/polymyxin</i>	2	GC
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	GC
<i>neomycin/polymyxin/dexamethasone</i>	2	GC
<i>neomycin/polymyxin/gramicidin</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	GC
<i>proparacaine hcl</i>	2	GC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
SIMBRINZA	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	GC
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	GC
<i>cromolyn sodium solution 4%</i>	2	GC
<i>epinastine hcl</i>	2	GC
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	2	GC
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	GC
<i>erythromycin ointment 5mg/gm</i>	2	GC
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	GC
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	GC
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium solution</i>	2	GC
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	2	GC
<i>tobramycin solution 0.3%</i>	2	GC
<i>trifluridine</i>	3	
ZIRGAN	4	
Ophthalmic Anti-inflammatory		
<i>bromfenac</i>	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	GC
<i>difluprednate</i>	2	GC
<i>fluorometholone</i>	2	GC
<i>flurbiprofen sodium</i>	2	GC
FML	4	
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine</i>	2	GC
LOTEMAX SM	4	
LOTEMAX OINTMENT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>carteolol hcl</i>	2	GC
<i>levobunolol hcl solution 0.5%</i>	2	GC
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	GC
<i>timolol maleate solution 0.5%</i>	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	GC
<i>brimonidine tartrate solution 0.15%</i>	2	GC
<i>brinzolamide</i>	2	GC
<i>dorzolamide hcl</i>	2	GC
<i>dorzolamide hydrochloride</i>	2	GC
<i>methazolamide tablet</i>	4	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	3	
<i>travoprost</i>	3	ST
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	GC
<i>ciprofloxacin/dexamethasone</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	GC
<i>ofloxacin otic solution 0.3%</i>	2	GC
Respiratory Tract/Pulmonary Agents		
Anti-inflammatory, Inhaled Corticosteroids		
ARNUIITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	2	GC
<i>fluticasone propionate suspension 50mcg/act</i>	2	GC
<i>mometasone furoate suspension 50mcg/act</i>	4	
QNASL CHILDRENS	4	
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(10.6 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	GC
<i>azelastine hydrochloride solution 0.1%</i>	2	GC
<i>carbinoxamine maleate solution, tablet</i>	2	GC
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>desloratadine</i>	2	GC
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	2	GC
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	GC
<i>hydroxyzine pamoate capsule</i>	2	GC
<i>levocetirizine dihydrochloride tablet</i>	1	GC
<i>levocetirizine dihydrochloride solution</i>	4	
<i>olopatadine hcl nasal solution 0.6%</i>	4	
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	GC
<i>montelukast sodium packet</i>	3	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D; GC
<i>ipratropium bromide nasal solution</i>	2	GC
SPIRIVA HANDIHALER	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT	3	QL(4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebulization solution</i>	2	B/D; GC
<i>albuterol sulfate syrup, tablet</i>	3	
<i>arformoterol tartrate</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPIPEN 2-PAK	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL(4 GM per 30 days)
SYMJEPI	4	
VENTOLIN HFA	3	
XOPENEX HFA	4	
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK	5	QL(90 EA per 30 days); PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast</i>	3	QL(30 EA per 30 days)
THEO-24	4	
<i>theophylline er tablet extended release 24 hour</i>	2	GC
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	2	GC
<i>theophylline solution</i>	3	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	PA
ALYQ	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	2	PA; GC
<i>sildenafil citrate suspension reconstituted</i>	4	PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	PA
UPTRAVI	5	PA
UPTRAVI TITRATION PACK	5	PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET CAPSULE	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 267MG	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 801MG	5	QL(90 EA per 30 days); PA
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D
ANORO ELLIPTA	3	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days)
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA	4	QL(13 GM per 30 days)
FASENRA	5	QL(1 ML per 28 days); PA
FASENRA PEN	5	QL(1 ML per 28 days); PA
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D; GC
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(4 GM per 30 days)
SYMBICORT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days); GC
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 500mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA; GC
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	4	QL(30 EA per 30 days)
<i>eszopiclone</i>	2	QL(30 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam</i>	2	GC
<i>zaleplon</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days); GC
Wakefulness Promoting Agents		
<i>armodafinil</i>	4	PA
<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>modafinil tablet 200mg</i>	2	QL(60 EA per 30 days); PA; GC
SODIUM OXYBATE	5	QL(540 ML per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	32	<i>alendronate sodium</i>	66
<i>abacavir sulfate/lamivudine</i>	32	<i>alfuzosin hcl er</i>	55
ABACAVIR	32	<i>aliskiren</i>	41
SULFATE/LAMIVUDINE/ZIDOVUDINE		<i>allopurinol</i>	21
ABELCET	20	ALOCRI	68
ABILIFY MAINTENA	29	ALOGLIPTIN	34
ABILIFY MYCITE	29	ALOGLIPTIN/METFORMIN HCL	34
ABILIFY MYCITE MAINTENANCE KIT	29	ALOGLIPTIN/METFORMIN HYDROCHLORIDE	34
ABILIFY MYCITE STARTER KIT	29	ALOGLIPTIN/PIOGLITAZONE	34
ABIRATERONE ACETATE	23	<i>alose tron hydrochloride</i>	52
ABRYSVO	64	ALPHAGAN P	69
<i>acamprosate calcium dr</i>	10	<i>alprazolam</i>	34
<i>acarbose</i>	34	<i>alprazolam er</i>	34
<i>accutane</i>	45	<i>alprazolam intensol</i>	34
<i>acebutolol hydrochloride</i>	40	<i>altavera</i>	57
<i>acetaminophen/codeine</i>	9	ALUNBRIG	25
<i>acetazolamide</i>	69	<i>alyacen 1/35</i>	57
<i>acetazolamide er</i>	69	ALYQ	71
<i>acetic acid</i>	69	<i>amantadine hcl</i>	33
<i>acetylcysteine</i>	67	<i>ambrisentan</i>	71
<i>acetylcysteine</i>	72	<i>amethia</i>	57
<i>acitretin</i>	45	<i>amethia lo</i>	57
ACTEMRA	62	<i>amikacin sulfate</i>	11
ACTEMRA ACTPEN	62	<i>amiloride hcl</i>	42
ACTHIB	64	<i>amiloride/hydrochlorothiazide</i>	41
ACTIMMUNE	63	AMINOSYN II	48
<i>acyclovir</i>	33	AMINOSYN-PF	48
<i>acyclovir</i>	47	AMINOSYN-PF 7%	48
<i>acyclovir sodium</i>	33	<i>amiodarone hcl</i>	39
ADACEL	64	<i>amiodarone hydrochloride</i>	39
<i>adapalene</i>	45	<i>amitriptyline hcl</i>	19
<i>adefovir dipivoxil</i>	31	<i>amitriptyline hydrochloride</i>	19
ADEMPAS	71	<i>amlodipine besylate</i>	40
<i>adriamycin</i>	24	<i>amlodipine besylate/atorvastatin calcium</i>	41
AIMOVIG	21	<i>amlodipine besylate/benazepril hydrochloride</i>	41
<i>ala-cort</i>	46	<i>amlodipine besylate/valsartan</i>	41
ALBENDAZOLE	28	<i>amlodipine/olmesartan medoxomil</i>	41
<i>albuterol sulfate</i>	71	<i>ammonium lactate</i>	46
<i>albuterol sulfate er</i>	70	<i>amnesteem</i>	45
<i>albuterol sulfate hfa</i>	70	<i>amoxapine</i>	19
<i>alclometasone dipropionate</i>	46	<i>amoxicillin</i>	13
<i>alcohol prep pads</i>	67	<i>amoxicillin/clavulanate potassium</i>	13
ALECENSA	25	<i>amoxicillin/clavulanate potassium er</i>	13
		<i>amphetamine/dextroamphetamine</i>	43

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Page #	Drug Name	Page #
<i>amphotericin b</i>	20	<i>aubra eq</i>	57
AMPHOTERICIN B LIPOSOME	20	AURYXIA	51
<i>ampicillin</i>	13	AUSTEDO	44
<i>ampicillin sodium</i>	13	AUVELITY	18
<i>ampicillin-sulbactam</i>	13	<i>aviane</i>	57
<i>anagrelide hydrochloride</i>	38	<i>avita</i>	45
<i>anastrozole</i>	25	AVONEX	44
ANORO ELLIPTA	72	AVONEX PEN	44
ANTARA	42	AVYCAZ	12
APLENZIN	18	AYVAKIT	25
APOKYN	28	<i>azacitidine</i>	24
<i>apomorphine hydrochloride</i>	28	<i>azathioprine</i>	63
<i>apraclonidine</i>	69	<i>azelaic acid</i>	45
<i>aprepitant</i>	20	<i>azelastine hcl</i>	68
<i>apri</i>	57	<i>azelastine hcl</i>	70
APTIOM	17	<i>azelastine hydrochloride</i>	70
APTIVUS	33	<i>azithromycin</i>	14
ARALAST NP	54	<i>aztreonam</i>	11
<i>aranelle</i>	57	<i>bacitracin</i>	68
ARCALYST	62	<i>bacitracin/polymyxin b</i>	67
AREXVY	64	<i>baclofen</i>	31
<i>arformoterol tartrate</i>	71	<i>balsalazide disodium</i>	65
<i>aripiprazole</i>	29	BALVERSA	25
<i>aripiprazole odt</i>	29	<i>balziva</i>	57
ARISTADA	29	BAQSIMI ONE PACK	36
ARISTADA INITIO	29	BAQSIMI TWO PACK	36
<i>armodafinil</i>	73	BARACLUDGE	31
ARNUITY ELLIPTA	69	BAXDELA	14
<i>ascomp/codeine</i>	9	BCG VACCINE	64
<i>asenapine maleate sl</i>	29	BD INSULIN SYRINGE	67
<i>ashlyna</i>	57	SAFETYGLIDE/1ML/29G X 1/2"	
<i>aspirin/dipyridamole</i>	38	B-D INSULIN SYRINGE ULTRAFINE	67
<i>aspirin/dipyridamole er</i>	38	II/0.3ML/31G X 5/16"	
ASTAGRAF XL	63	BD INSULIN SYRINGE ULTRA-	67
<i>atazanavir</i>	33	FINE/0.5ML/30G X 12.7MM	
<i>atazanavir sulfate</i>	33	BD INSULIN SYRINGE ULTRA-	67
<i>atenolol</i>	40	FINE/1ML/31G X 8MM	
<i>atenolol/chlorthalidone</i>	41	BD PEN NEEDLE/ORIGINAL/ULTRA-	67
<i>atomoxetine</i>	43	FINE/29G X 12.7MM	
<i>atomoxetine hydrochloride</i>	43	BELSOMRA	72
<i>atorvastatin calcium</i>	42	<i>benazepril hcl</i>	39
ATOVAQUONE	28	<i>benazepril hcl/hydrochlorothiazide</i>	41
<i>atovaquone/proguanil hcl</i>	28	<i>benazepril hydrochloride</i>	39
<i>atropine sulfate</i>	67	<i>benazepril</i>	41
ATROVENT HFA	70	<i>hydrochloride/hydrochlorothiazide</i>	
AUBAGIO	44	BENLYSTA	62

Drug Name	Page #	Drug Name	Page #
BENLYSTA	63	<i>budesonide</i>	66
<i>benztropine mesylate</i>	28	<i>budesonide</i>	69
<i>beser</i>	46	BUDESONIDE ER	66
BESREMI	24	<i>bumetanide</i>	42
<i>betaine anhydrous</i>	54	BUNAVAIL	10
<i>betamethasone dipropionate</i>	46	<i>buprenorphine</i>	8
<i>betamethasone dipropionate augmented</i>	46	<i>buprenorphine hcl</i>	10
<i>betamethasone valerate</i>	46	<i>buprenorphine hcl/naloxone hcl</i>	10
<i>betaxolol hcl</i>	69	<i>buprenorphine hydrochloride/naloxone</i>	10
<i>bethanechol chloride</i>	55	<i>hydrochloride</i>	
BETIMOL	69	<i>bupropion hcl</i>	18
BETOPTIC-S	69	<i>bupropion hydrochloride</i>	18
BEVESPI AEROSPHERE	72	<i>bupropion hydrochloride er (sr)</i>	11
BEXAROTENE	28	<i>bupropion hydrochloride er (sr)</i>	18
BEXSERO	64	BUPROPION HYDROCHLORIDE ER	18
<i>bicalutamide</i>	23	(XL)	
BICILLIN C-R	13	<i>bupirone hcl</i>	34
BICILLIN L-A	13	<i>bupirone hydrochloride</i>	34
BIKTARVY	31	<i>butalbital/acetaminophen/caffeine</i>	44
<i>bismuth subcitrate</i>	52	<i>butalbital/acetaminophen/caffeine/codeine</i>	9
<i>pot/metronidazole/tetracycline hydrochlo</i>		<i>butalbital/aspirin/caffeine</i>	44
<i>bisoprolol fumarate</i>	40	<i>butalbital/aspirin/caffeine/codeine</i>	9
<i>bisoprolol fumarate/hydrochlorothiazide</i>	41	<i>butorphanol tartrate</i>	9
BIVIGAM	62	BYDUREON BCISE	34
<i>bleomycin sulfate</i>	24	CABENUVA	31
BLEPHAMIDE	67	<i>cabergoline</i>	61
BLEPHAMIDE S.O.P.	67	CABOMETYX	25
<i>blisovi 24 fe</i>	57	CALCIPOTRIENE	47
<i>blisovi fe 1.5/30</i>	57	<i>calcitonin-salmon</i>	66
BOOSTRIX	64	<i>calcitriol</i>	47
<i>bortezomib</i>	24	<i>calcitriol</i>	66
<i>bosentan</i>	71	<i>calcium acetate</i>	51
BOSULIF	25	CALQUENCE	25
BRAFTOVI	25	CAMCEVI	61
BREO ELLIPTA	72	<i>camila</i>	60
<i>briellyn</i>	57	<i>camrese lo</i>	57
BRILINTA	38	<i>candesartan cilexetil</i>	39
<i>brimonidine tartrate</i>	69	<i>candesartan cilexetil/hydrochlorothiazide</i>	41
BRIMONIDINE TARTRATE/TIMOLOL	67	CAPLYTA	29
MALEATE		CAPRELSA	25
<i>brinzolamide</i>	69	<i>captopril</i>	39
BRIVIACT	15	<i>captopril/hydrochlorothiazide</i>	41
<i>bromfenac</i>	68	CARAC	47
<i>bromocriptine mesylate</i>	28	<i>carbamazepine</i>	17
BRONCHITOL	72	<i>carbamazepine er</i>	17
BRUKINSA	25	<i>carbidopa</i>	29

Drug Name	Page #	Drug Name	Page #
<i>carbidopa/levodopa</i>	29	<i>chlorpromazine hcl</i>	29
<i>carbidopa/levodopa er</i>	29	CHLORPROMAZINE	29
<i>carbidopa/levodopa odt</i>	29	HYDROCHLORIDE	
<i>carbidopa/levodopa/entacapone</i>	28	<i>chlorthalidone</i>	42
<i>carbinoxamine maleate</i>	70	<i>chlorzoxazone</i>	72
<i>carboplatin</i>	22	CHOLBAM	54
CARDURA XL	55	<i>cholestyramine</i>	42
CARGLUMIC ACID	48	<i>cholestyramine light</i>	42
<i>carteolol hcl</i>	69	<i>ciclodan</i>	47
<i>cartia xt</i>	40	<i>ciclopirox</i>	47
<i>carvedilol</i>	40	<i>ciclopirox nail lacquer</i>	47
<i>carvedilol phosphate er</i>	40	<i>ciclopirox olamine</i>	47
<i>caspofungin acetate</i>	20	<i>cilostazol</i>	38
CAYSTON	71	CIMDUO	32
<i>caziant</i>	57	<i>cimetidine</i>	53
<i>cefaclor</i>	12	<i>cimetidine hcl</i>	53
<i>cefaclor er</i>	12	<i>cimetidine hydrochloride</i>	53
<i>cefadroxil</i>	12	<i>cinacalcet hydrochloride</i>	66
CEFAZOLIN	12	CINRYZE	62
<i>cefazolin sodium</i>	12	<i>ciprofloxacin</i>	14
<i>cefazolin sodium/dextrose</i>	12	<i>ciprofloxacin hcl</i>	14
<i>cefdinir</i>	12	<i>ciprofloxacin hydrochloride</i>	14
<i>cefepime</i>	12	<i>ciprofloxacin hydrochloride</i>	68
<i>cefepime hydrochloride</i>	12	<i>ciprofloxacin i.v.-in d5w</i>	14
<i>cefepime/dextrose</i>	12	<i>ciprofloxacin/dexamethasone</i>	69
<i>cefixime</i>	12	<i>cisplatin</i>	22
<i>cefotaxime sodium</i>	13	<i>citalopram hydrobromide</i>	18
<i>cefotetan</i>	13	CLARAVIS	45
<i>cefotetan/dextrose</i>	13	<i>clarithromycin</i>	14
<i>cefoxitin sodium</i>	13	<i>clarithromycin er</i>	14
<i>cefpodoxime proxetil</i>	13	<i>clindamycin hcl</i>	11
<i>cefprozil</i>	13	<i>clindamycin hydrochloride</i>	11
<i>ceftazidime</i>	13	<i>clindamycin palmitate hcl</i>	11
<i>ceftazidime/dextrose</i>	13	<i>clindamycin phosphate</i>	11
<i>ceftriaxone in iso-osmotic dextrose</i>	13	<i>clindamycin phosphate</i>	47
<i>ceftriaxone sodium</i>	13	<i>clindamycin phosphate/dextrose</i>	11
<i>ceftriaxone/dextrose</i>	13	<i>clindamycin/sodium chloride</i>	11
<i>cefuroxime axetil</i>	13	CLINIMIX 4.25%/DEXTROSE 10%	48
<i>cefuroxime sodium</i>	13	CLINIMIX 4.25%/DEXTROSE 5%	48
<i>celecoxib</i>	8	CLINIMIX 5%/DEXTROSE 15%	48
<i>cephalexin</i>	13	CLINIMIX 5%/DEXTROSE 20%	48
<i>cevimeline hydrochloride</i>	45	CLINIMIX 6/5	48
CHEMET	51	CLINIMIX 8/10	49
<i>chlordiazepoxide/amitriptyline</i>	18	CLINIMIX E 2.75%/DEXTROSE 5%	49
<i>chlorhexidine gluconate</i>	45	CLINIMIX E 4.25%/DEXTROSE 10%	49
<i>chloroquine phosphate</i>	28	CLINIMIX E 4.25%/DEXTROSE 5%	49

Drug Name	Page #	Drug Name	Page #
CLINIMIX E 5%/DEXTROSE 15%	49	<i>cyclafem 1/35</i>	57
CLINIMIX E 5%/DEXTROSE 20%	49	<i>cyclafem 7/7/7</i>	57
CLINIMIX E 8/10	49	<i>cyclobenzaprine hydrochloride</i>	72
CLINISOL SF 15%	49	<i>cyclophosphamide</i>	22
CLINOLIPID	67	<i>cyclosporine</i>	63
<i>clobazam</i>	16	<i>cyclosporine</i>	67
<i>clobetasol propionate</i>	46	<i>cyclosporine modified</i>	63
<i>clobetasol propionate e</i>	46	CYLTEZO	63
<i>clodan</i>	46	CYLTEZO STARTER PACKAGE FOR	63
<i>clomipramine hydrochloride</i>	19	CROHNS DISEASE/UC/HS	
<i>clonazepam</i>	16	CYLTEZO STARTER PACKAGE FOR	63
<i>clonazepam odt</i>	16	PSORIASIS	
<i>clonidine hcl</i>	38	<i>cyproheptadine hcl</i>	70
<i>clonidine hydrochloride</i>	38	<i>cyproheptadine hydrochloride</i>	70
<i>clonidine hydrochloride er</i>	43	<i>cyred eq</i>	57
<i>clopidogrel</i>	38	CYSTADROPS	67
<i>clorazepate dipotassium</i>	34	CYSTARAN	67
<i>clotrimazole</i>	20	<i>cytarabine</i>	23
<i>clotrimazole/betamethasone dipropionate</i>	47	<i>cytarabine aqueous</i>	23
<i>clozapine</i>	30	<i>dacarbazine</i>	22
<i>clozapine odt</i>	30	<i>dalfampridine er</i>	44
COARTEM	28	DALVANCE	11
COLCHICINE	21	<i>danazol</i>	57
<i>colesevelam hydrochloride</i>	42	<i>dantrolene sodium</i>	31
<i>colestipol hcl</i>	43	<i>dapsone</i>	22
<i>colistimethate sodium</i>	11	<i>dapsone</i>	48
COMBIVENT RESPIMAT	72	DAPTACEL	64
COMETRIQ	26	DAPTOMYCIN	11
COMPLERA	32	<i>darifenacin hydrobromide er</i>	55
<i>compro</i>	20	<i>darunavir</i>	33
CONDYLOX	47	DAURISMO	26
<i>constulose</i>	52	<i>deblitane</i>	60
COPIKTRA	26	<i>deferasirox</i>	51
CORLANOR	41	<i>deferiprone</i>	51
<i>cortisone acetate</i>	55	DELSTRIGO	32
COSENTYX	62	<i>demeclocycline hcl</i>	15
COSENTYX SENSOREADY PEN	62	DENGVAXIA	64
COTELLIC	26	DEPO-SUBQ PROVERA 104	60
CREON	54	DESCOVY	32
CRESEMBA	20	<i>desipramine hcl</i>	19
CRIXIVAN	33	<i>desipramine hydrochloride</i>	19
<i>cromolyn sodium</i>	54	<i>desloratadine</i>	70
<i>cromolyn sodium</i>	68	<i>desmopressin acetate</i>	56
<i>cromolyn sodium</i>	71	<i>desogestrel/ethinyl estradiol</i>	57
<i>cryselle-28</i>	57	<i>desoximetasone</i>	46
CURITY GAUZE PADS 2"X2" 12 PLY	67	DESVENLAFAXINE ER	18

Drug Name	Page #	Drug Name	Page #
<i>dexamethasone</i>	55	<i>digitek</i>	39
<i>dexamethasone intensol</i>	55	<i>digox</i>	39
<i>dexamethasone sodium phosphate</i>	55	<i>digoxin</i>	39
<i>dexamethasone sodium phosphate</i>	68	DIHYDROERGOTAMINE MESYLATE	21
<i>dexmethylphenidate hcl</i>	44	DILANTIN	17
<i>dexmethylphenidate hcl er</i>	43	<i>diltiazem hcl</i>	40
<i>dexmethylphenidate hydrochloride</i>	44	<i>diltiazem hcl cd</i>	40
<i>dexmethylphenidate hydrochloride er</i>	44	<i>diltiazem hcl er</i>	40
<i>dextroamphetamine sulfate</i>	43	<i>diltiazem hydrochloride</i>	40
<i>dextroamphetamine sulfate er</i>	43	<i>diltiazem hydrochloride er</i>	40
<i>dextrose 10%/nacl 0.45%</i>	49	<i>dilt-xr</i>	40
<i>dextrose 10%</i>	49	<i>dimethyl fumarate</i>	44
<i>dextrose 10%/nacl 0.2%</i>	49	<i>dimethyl fumarate starterpack</i>	44
<i>dextrose 2.5%/nacl 0.45%</i>	49	DIPENTUM	65
<i>dextrose 20%</i>	49	<i>diphenhydramine hcl</i>	70
<i>dextrose 25%</i>	49	<i>diphenoxylate hydrochloride/atropine</i>	52
<i>dextrose 30%</i>	49	<i>sulfate</i>	
<i>dextrose 40%</i>	49	<i>diphenoxylate/atropine</i>	52
<i>dextrose 5%</i>	49	DIPHTHERIA/TETANUS TOXOIDS	64
<i>dextrose 5%/lactated ringers</i>	49	ADSORBED PEDIATRIC	
<i>dextrose 5%/nacl 0.2%</i>	49	<i>disulfiram</i>	10
<i>dextrose 5%/nacl 0.225%</i>	49	<i>divalproex sodium</i>	16
<i>dextrose 5%/nacl 0.3%</i>	49	<i>divalproex sodium dr</i>	16
<i>dextrose 5%/nacl 0.33%</i>	49	<i>divalproex sodium er</i>	16
<i>dextrose 5%/nacl 0.45%</i>	49	<i>docetaxel</i>	24
<i>dextrose 5%/nacl 0.9%</i>	49	<i>dofetilide</i>	39
<i>dextrose/sodium chloride</i>	49	<i>dolishale</i>	57
DIACOMIT	16	<i>donepezil hcl</i>	17
<i>diazepam</i>	34	<i>donepezil hydrochloride</i>	17
<i>diazepam intensol</i>	34	<i>dorzolamide hcl</i>	69
<i>diazepam rectal gel</i>	16	<i>dorzolamide hcl/timolol maleate</i>	67
<i>diazoxide</i>	36	<i>dorzolamide hydrochloride</i>	69
<i>dichlorphenamide</i>	54	<i>dorzolamide hydrochloride/timolol maleate</i>	67
<i>diclofenac potassium</i>	8	<i>pf</i>	
<i>diclofenac sodium</i>	8	<i>dotti</i>	57
DICLOFENAC SODIUM	47	DOVATO	31
<i>diclofenac sodium</i>	68	<i>doxazosin mesylate</i>	55
<i>diclofenac sodium dr</i>	8	<i>doxepin hcl</i>	19
<i>diclofenac sodium er</i>	8	<i>doxepin hydrochloride</i>	19
<i>diclofenac sodium/misoprostol</i>	8	<i>doxepin hydrochloride</i>	72
<i>dicloxacillin sodium</i>	13	<i>doxercalciferol</i>	66
<i>dicyclomine hcl</i>	52	<i>doxorubicin hcl</i>	24
<i>dicyclomine hydrochloride</i>	52	<i>doxorubicin hydrochloride</i>	24
DIFICID	14	<i>doxorubicin hydrochloride liposomal</i>	24
<i>diflunisal</i>	8	<i>doxy 100</i>	15
<i>difluprednate</i>	68	<i>doxycycline</i>	15

Drug Name	Page #	Drug Name	Page #
<i>doxycycline hyclate</i>	15	<i>enpresse-28</i>	57
<i>doxycycline hyclate dr</i>	15	<i>enskyce</i>	57
<i>doxycycline monohydrate</i>	15	<i>entacapone</i>	28
DRIZALMA SPRINKLE	18	ENTECAVIR	31
<i>dronabinol</i>	20	ENTRESTO	41
<i>drospirenone/ethinyl estradiol</i>	57	<i>enulose</i>	52
DROXIA	23	ENVARBUS XR	63
<i>droxidopa</i>	38	EPCLUSA	31
DUAVEE	61	EPIDIOLEX	15
DULERA	72	EPIFOAM	47
<i>duloxetine hcl</i>	18	<i>epinastine hcl</i>	68
<i>duloxetine hydrochloride</i>	18	<i>epinephrine</i>	41
DUOPA	29	EPINEPHRINE	71
DUPIXENT	62	EPIPEN 2-PAK	71
<i>dutasteride</i>	55	<i>epirubicin hcl</i>	24
<i>dutasteride/tamsulosin hydrochloride</i>	55	<i>epitol</i>	17
<i>econazole nitrate</i>	20	EPIVIR HBV	31
EDURANT	32	EPKINLY	24
<i>efavirenz</i>	32	<i>epplerenone</i>	42
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	32	EPRONTIA	15
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	32	EQUETRO	34
ELEPSIA XR	15	ERAXIS	20
ELIGARD	61	<i>ergotamine tartrate/caffeine</i>	21
ELIQUIS	37	ERIVEDGE	26
ELIQUIS STARTER PACK	37	ERLEADA	23
<i>eluryng</i>	57	ERLOTINIB HYDROCHLORIDE	26
EMCYT	23	<i>errin</i>	60
EMEND	20	ERTACZO	20
<i>emoquette</i>	57	<i>ertapenem</i>	14
EMSAM	18	<i>ery</i>	48
<i>emtricitabine</i>	32	<i>erythrocin stearate</i>	14
<i>emtricitabine/tenofovir disoproxil</i>	32	<i>erythromycin</i>	14
<i>emtricitabine/tenofovir disoproxil fumarate</i>	32	<i>erythromycin</i>	48
EMTRIVA	32	<i>erythromycin</i>	68
EMVERM	28	<i>erythromycin base</i>	14
<i>enalapril maleate</i>	39	<i>erythromycin dr</i>	14
<i>enalapril maleate/hydrochlorothiazide</i>	41	<i>erythromycin ethylsuccinate</i>	14
ENBREL	63	<i>erythromycin lactobionate</i>	14
ENBREL MINI	63	<i>erythromycin/benzoyl peroxide</i>	45
ENBREL SURECLICK	63	ESBRIET	72
ENDARI	54	<i>escitalopram oxalate</i>	18
<i>endocet</i>	9	<i>esomeprazole magnesium</i>	53
ENGERIX-B	64	<i>estradiol</i>	57
<i>enoxaparin sodium</i>	37	<i>estradiol valerate</i>	57
		<i>eszopiclone</i>	72
		<i>ethambutol hydrochloride</i>	22

Drug Name	Page #	Drug Name	Page #
<i>ethosuximide</i>	16	<i>flavoxate hcl</i>	55
<i>ethynodiol diacetate/ethinyl estradiol</i>	58	FLEBOGAMMA DIF	62
<i>etodolac</i>	8	<i>flecainide acetate</i>	39
<i>etodolac er</i>	8	FLOVENT DISKUS	70
<i>etonogestrel/ethinyl estradiol</i>	58	FLOVENT HFA	70
<i>etoposide</i>	25	<i>fluconazole</i>	20
<i>etravirine</i>	32	<i>fluconazole in sodium chloride</i>	20
<i>euthyrox</i>	61	<i>flucytosine</i>	21
<i>everolimus</i>	26	<i>fludrocortisone acetate</i>	56
<i>everolimus</i>	63	<i>flunisolide</i>	70
EVOTAZ	33	<i>fluocinolone acetonide</i>	46
EXELDERM	20	<i>fluocinolone acetonide body</i>	46
EXEMESTANE	25	<i>fluocinolone acetonide scalp</i>	46
EXKIVITY	26	<i>fluocinonide</i>	46
<i>ezetimibe</i>	43	<i>fluocinonide emulsified base</i>	46
<i>ezetimibe/simvastatin</i>	43	<i>fluorometholone</i>	68
<i>falmina</i>	58	<i>fluorouracil</i>	23
<i>famciclovir</i>	33	<i>fluorouracil</i>	47
<i>famotidine</i>	53	<i>fluoxetine dr</i>	19
FANAPT	30	<i>fluoxetine hcl</i>	19
FANAPT TITRATION PACK	30	<i>fluoxetine hydrochloride</i>	19
FARXIGA	34	<i>fluphenazine decanoate</i>	29
FASENRA	72	<i>fluphenazine hcl</i>	29
FASENRA PEN	72	<i>fluphenazine hydrochloride</i>	29
<i>fayosim</i>	58	<i>flurbiprofen</i>	8
<i>febuxostat</i>	21	<i>flurbiprofen sodium</i>	68
<i>felbamate</i>	15	<i>flutamide</i>	23
<i>felodipine er</i>	40	<i>fluticasone propionate</i>	46
<i>femynor</i>	58	<i>fluticasone propionate</i>	70
<i>fenofibrate</i>	42	<i>fluvastatin</i>	42
FENOFIBRATE MICRONIZED	42	<i>fluvastatin sodium er</i>	42
<i>fenofibric acid</i>	42	<i>flvoxamine maleate</i>	19
<i>fenofibric acid dr</i>	42	<i>flvoxamine maleate er</i>	19
<i>fentanyl</i>	8	FML	68
FENTANYL CITRATE ORAL	9	FML FORTE	68
TRANSMUCOSAL		FONDAPARINUX SODIUM	37
FERRIPROX	51	FORFIVO XL	18
FERRIPROX TWICE-A-DAY	51	<i>formoterol fumarate</i>	71
<i>fesoterodine fumarate er</i>	55	FORTEO	66
FETZIMA	18	<i>fosamprenavir calcium</i>	33
FETZIMA TITRATION PACK	18	<i>fosfomycin tromethamine</i>	11
FINACEA	45	<i>fosinopril sodium</i>	39
<i>finasteride</i>	55	<i>fosinopril sodium/hydrochlorothiazide</i>	41
<i>finngolimod</i>	44	FOSRENOL	52
FINTEPLA	15	FOTIVDA	23
FIRMAGON	61	FRAGMIN	37

Drug Name	Page #	Drug Name	Page #
FREAMINE HBC 6.9%	49	<i>glimepiride</i>	34
FREAMINE III	49	<i>glipizide</i>	34
<i>frovatriptan succinate</i>	22	<i>glipizide er</i>	34
FULPHILA	38	<i>glipizide/metformin hydrochloride</i>	34
<i>fulvestrant</i>	23	GLUCAGEN HYPOKIT	36
<i>furosemide</i>	42	GLUCAGON EMERGENCY KIT	36
FUZEON	33	GLUCAGON EMERGENCY KIT FOR	36
<i>fyavolv</i>	58	LOW BLOOD SUGAR	
FYCOMPA	15	<i>glyburide</i>	34
<i>gabapentin</i>	16	<i>glyburide micronized</i>	34
GALANTAMINE HYDROBROMIDE	17	<i>glyburide/metformin hydrochloride</i>	34
<i>galantamine hydrobromide er</i>	17	<i>glycate</i>	52
GAMMAGARD LIQUID	62	<i>glycopyrrolate</i>	52
GAMMAKED	62	<i>glydo</i>	10
GAMMAPLEX	62	GLYXAMBI	35
GAMUNEX-C	62	<i>granisetron hydrochloride</i>	20
GARDASIL 9	65	GRANIX	38
<i>gatifloxacin</i>	68	<i>griseofulvin microsize</i>	21
GATTEX	52	<i>griseofulvin ultramicrosize</i>	21
<i>gavilyte-c</i>	53	<i>guanfacine er</i>	44
<i>gavilyte-g</i>	53	<i>guanfacine hydrochloride</i>	38
<i>gavilyte-h</i>	53	<i>guanfacine hydrochloride</i>	44
<i>gavilyte-n/flavor pack</i>	53	<i>guanidine hcl</i>	22
GAVRETO	24	GVOKE HYPOPEN 1-PACK	36
<i>gefitinib</i>	26	GVOKE HYPOPEN 2-PACK	36
<i>gemcitabine hcl</i>	23	GVOKE KIT	36
<i>gemcitabine hydrochloride</i>	23	GVOKE PFS	36
<i>gemfibrozil</i>	42	<i>hailey 24 fe</i>	58
<i>gemmily</i>	58	<i>halobetasol propionate</i>	46
GEMTESA	55	<i>haloette</i>	58
<i>generlac</i>	52	<i>haloperidol</i>	29
<i>gengraf</i>	63	<i>haloperidol decanoate</i>	29
GENOTROPIN	56	<i>haloperidol lactate</i>	29
GENOTROPIN MINIQUICK	56	HARVONI	31
<i>gentak</i>	68	HAVRIX	65
<i>gentamicin sulfate</i>	11	<i>heparin sodium</i>	37
<i>gentamicin sulfate</i>	68	<i>heparin sodium/nacl 0.45%</i>	37
<i>gentamicin sulfate/0.9% sodium chloride</i>	11	<i>heparin sodium/sodium chloride</i>	37
GENVOYA	31	<i>heparin sodium/sodium chloride 0.9%</i>	37
<i>gianvi</i>	58	<i>premix</i>	
GILENYA	44	HEPATAMINE	49
GILOTRIF	26	HEPLISAV-B	65
GLASSIA	54	HIBERIX	65
<i>glatiramer acetate</i>	44	HUMALOG	36
<i>glatopa</i>	44	HUMALOG JUNIOR KWIKPEN	36
GLEOSTINE	22	HUMALOG KWIKPEN	36

Drug Name	Page #	Drug Name	Page #
HUMALOG MIX 50/50	36	<i>ibu</i>	8
HUMALOG MIX 50/50 KWIKPEN	36	<i>ibuprofen</i>	8
HUMALOG MIX 75/25	36	ICATIBANT ACETATE	62
HUMALOG MIX 75/25 KWIKPEN	36	<i>iclevia</i>	58
HUMALOG TEMPO PEN	36	ICLUSIG	26
HUMIRA	64	<i>icosapent ethyl</i>	43
HUMIRA PEDIATRIC CROHNS	64	<i>idarubicin hcl</i>	24
DISEASE STARTER PACK		IDHIFA	24
HUMIRA PEN	64	<i>ifosfamide</i>	22
HUMIRA PEN-CD/UC/HS STARTER	64	ILEVRO	68
HUMIRA PEN-PEDIATRIC UC	64	<i>imatinib mesylate</i>	26
STARTER PACK		IMBRUVICA	26
HUMIRA PEN-PS/UV STARTER	64	<i>imipenem/cilastatin</i>	14
HUMULIN 70/30	36	<i>imipramine hcl</i>	19
HUMULIN 70/30 KWIKPEN	36	<i>imipramine hydrochloride</i>	20
HUMULIN N	36	<i>imipramine pamoate</i>	20
HUMULIN N KWIKPEN	36	<i>imiquimod</i>	47
HUMULIN R	36	IMIQUIMOD PUMP	47
HUMULIN R U-500 (CONCENTRATED)	36	IMOVAX RABIES (H.D.C.V.)	65
HUMULIN R U-500 KWIKPEN	36	<i>incassia</i>	60
<i>hydralazine hcl</i>	43	INCRELEX	56
<i>hydralazine hydrochloride</i>	43	INCRUSE ELLIPTA	70
<i>hydrochlorothiazide</i>	42	<i>indapamide</i>	42
<i>hydrocodone bitartrate/acetaminophen</i>	9	INFANRIX	65
<i>hydrocodone/acetaminophen</i>	9	INGREZZA	44
<i>hydrocodone/ibuprofen</i>	9	INLYTA	26
<i>hydrocortisone</i>	46	INQOVI	26
<i>hydrocortisone</i>	56	INREBIC	24
<i>hydrocortisone</i>	66	INSULIN LISPRO	36
<i>hydrocortisone butyrate</i>	46	INTELENCE	32
<i>hydrocortisone butyrate (lipid)</i>	46	INTRALIPID	67
<i>hydrocortisone butyrate (lipophilic)</i>	46	<i>introvale</i>	58
<i>hydrocortisone valerate</i>	46	INVEGA HAFYERA	30
<i>hydrocortisone/acetic acid</i>	69	INVEGA SUSTENNA	30
<i>hydromorphone hcl</i>	9	INVEGA TRINZA	30
<i>hydromorphone hydrochloride</i>	9	INVIRASE	33
<i>hydromorphone hydrochloride dosette</i>	9	IONOSOL-MB/DEXTROSE 5%	49
<i>hydroxychloroquine sulfate</i>	28	IPOL INACTIVATED IPV	65
<i>hydroxyprogesterone caproate</i>	60	<i>ipratropium bromide</i>	70
<i>hydroxyurea</i>	23	<i>ipratropium bromide/albuterol sulfate</i>	72
<i>hydroxyzine hcl</i>	70	<i>irbesartan</i>	39
<i>hydroxyzine hydrochloride</i>	70	<i>irbesartan/hydrochlorothiazide</i>	41
<i>hydroxyzine pamoate</i>	70	<i>irinotecan</i>	25
<i>ibandronate sodium</i>	66	<i>irinotecan hydrochloride</i>	25
IBRANCE	24	ISENTRESS	31
IBRANCE	26	ISENTRESS HD	31

Drug Name	Page #	Drug Name	Page #
<i>isibloom</i>	58	<i>kelnor 1/35</i>	58
ISOLYTE-P/DEXTROSE 5%	49	<i>kelnor 1/50</i>	58
ISOLYTE-S	50	KERENDIA	41
ISOLYTE-S PH 7.4	49	<i>ketoconazole</i>	21
<i>isoniazid</i>	22	<i>ketoprofen</i>	8
<i>isosorbide dinitrate</i>	43	<i>ketoprofen er</i>	8
<i>isosorbide dinitrate/hydralazine</i>	41	<i>ketorolac tromethamine</i>	68
<i>hydrochloride</i>		KEVZARA	62
<i>isosorbide mononitrate</i>	43	KINERET	62
<i>isosorbide mononitrate er</i>	43	KINRIX	65
<i>isotonic gentamicin</i>	11	<i>kionex</i>	52
<i>isotretinoin</i>	45	KISQALI	26
<i>itraconazole</i>	21	KISQALI FEMARA 200 DOSE	24
<i>ivermectin</i>	28	KISQALI FEMARA 400 DOSE	24
IXIARO	65	KISQALI FEMARA 600 DOSE	24
JAKAFI	26	<i>klor-con</i>	50
<i>jantoven</i>	37	<i>klor-con 10</i>	50
JANUMET	35	<i>klor-con 8</i>	50
JANUMET XR	35	<i>klor-con m10</i>	50
JANUVIA	35	<i>klor-con m15</i>	50
JARDIANCE	35	<i>klor-con m20</i>	50
<i>jasmiel</i>	58	<i>klor-con sprinkle</i>	50
JAYPIRCA	26	KOMBIGLYZE XR	35
JENTADUETO	35	KORLYM	56
JENTADUETO XR	35	KOSELUGO	26
<i>jinteli</i>	58	KRAZATI	24
<i>juleber</i>	58	<i>kurvelo</i>	58
JULUCA	31	<i>labetalol hydrochloride</i>	40
<i>junel 1.5/30</i>	58	<i>lacosamide</i>	17
<i>junel 1/20</i>	58	<i>lactulose</i>	52
<i>junel fe 1.5/30</i>	58	LAMICTAL XR	15
<i>junel fe 1/20</i>	58	<i>lamivudine</i>	31
<i>junel fe 24</i>	58	<i>lamivudine</i>	32
JUXTAPID	43	<i>lamivudine/zidovudine</i>	32
JYNNEOS	65	<i>lamotrigine</i>	16
<i>kaitlib fe</i>	58	<i>lamotrigine er</i>	15
KALYDECO	71	<i>lamotrigine odt</i>	16
<i>kariva</i>	58	<i>lamotrigine starter kit/blue</i>	16
KAZANO	35	<i>lamotrigine starter kit/green</i>	16
<i>kcl 0.075%/d5w/nacl 0.45%</i>	50	<i>lamotrigine starter kit/orange</i>	16
<i>kcl 0.15%/d5w/nacl 0.2%</i>	50	<i>lamotrigine titration</i>	16
<i>kcl 0.15%/d5w/nacl 0.225%</i>	50	LANREOTIDE ACETATE	61
<i>kcl 0.15%/d5w/nacl 0.45%</i>	50	<i>lansoprazole</i>	53
<i>kcl 0.15%/d5w/nacl 0.9%</i>	50	<i>lansoprazole/amoxicillin/clarithromycin</i>	53
<i>kcl 0.3%/d5w/nacl 0.45%</i>	50	<i>lanthanum carbonate</i>	52
<i>kcl 0.3%/d5w/nacl 0.9%</i>	50	LANTUS	36

Drug Name	Page #	Drug Name	Page #
LANTUS SOLOSTAR	36	LEXIVA	33
<i>lapatinib ditosylate</i>	26	<i>lidocaine</i>	10
<i>larin 1.5/30</i>	58	<i>lidocaine hcl</i>	10
<i>larin 1/20</i>	58	<i>lidocaine hcl</i>	45
<i>larin fe 1.5/30</i>	58	<i>lidocaine hcl jelly</i>	10
<i>larin fe 1/20</i>	58	<i>lidocaine hydrochloride viscous</i>	45
<i>larissia</i>	58	<i>lidocaine viscous</i>	45
<i>latanoprost</i>	69	<i>lidocaine/prilocaine</i>	10
LEDIPASVIR/SOFOSBUVIR	31	<i>linezolid</i>	11
<i>leflunomide</i>	64	LINZESS	52
<i>lenalidomide</i>	23	<i>lithyronine sodium</i>	61
LENVIMA 10 MG DAILY DOSE	26	<i>lisinopril</i>	39
LENVIMA 12MG DAILY DOSE	26	<i>lisinopril/hydrochlorothiazide</i>	41
LENVIMA 14 MG DAILY DOSE	26	<i>lithium carbonate</i>	34
LENVIMA 18 MG DAILY DOSE	26	<i>lithium carbonate er</i>	34
LENVIMA 20 MG DAILY DOSE	26	LOKELMA	52
LENVIMA 24 MG DAILY DOSE	26	LONSURF	24
LENVIMA 4 MG DAILY DOSE	26	<i>loperamide hcl</i>	52
LENVIMA 8 MG DAILY DOSE	26	<i>lopinavir/ritonavir</i>	33
<i>lessina</i>	58	<i>lopreeza</i>	58
<i>letrozole</i>	25	<i>lorazepam</i>	34
<i>leucovorin calcium</i>	24	<i>lorazepam intensol</i>	34
LEUKERAN	23	LORBRENA	26
LEUKINE	38	<i>lorcet</i>	9
LEUPROLIDE ACETATE	61	<i>lorcet hd</i>	9
<i>levalbuterol</i>	71	<i>lorcet plus</i>	9
<i>levalbuterol hcl</i>	71	<i>loryna</i>	58
<i>levalbuterol hydrochloride</i>	71	<i>losartan potassium</i>	39
LEVEMIR	37	<i>losartan potassium/hydrochlorothiazide</i>	41
LEVEMIR FLEXPEN	37	LOTEMAX	68
LEVEMIR FLEXTOUCH	37	LOTEMAX SM	68
<i>levetiracetam</i>	16	<i>loteprednol etabonate</i>	68
<i>levetiracetam er</i>	16	<i>lovastatin</i>	42
<i>levobunolol hcl</i>	69	<i>low-ogestrel</i>	59
<i>levocarnitine</i>	67	<i>loxapine</i>	29
<i>levocetirizine dihydrochloride</i>	70	<i>lubiprostone</i>	52
<i>levofloxacin</i>	14	LUMAKRAS	24
<i>levofloxacin</i>	68	LUMIGAN	69
<i>levofloxacin in d5w</i>	14	LUPRON DEPOT (1-MONTH)	61
<i>levonest</i>	58	LUPRON DEPOT (3-MONTH)	61
<i>levonorgestrel and ethinyl estradiol</i>	58	LUPRON DEPOT (4-MONTH)	61
<i>levonorgestrel/ethinyl estradiol</i>	58	LUPRON DEPOT (6-MONTH)	61
<i>levora 0.15/30-28</i>	58	LUPRON DEPOT-PED	56
<i>levo-t</i>	61	LUPRON DEPOT-PED (1-MONTH)	61
<i>levothyroxine sodium</i>	61	LUPRON DEPOT-PED (3-MONTH)	61
LEVOXYL	61	<i>lurasidone hydrochloride</i>	30

Drug Name	Page #	Drug Name	Page #
<i>lutra</i>	59	<i>methadone hydrochloride intensol</i>	8
LYBALVI	30	<i>methadose</i>	8
<i>lyleq</i>	60	<i>methadose sugar-free</i>	8
<i>lyllana</i>	59	<i>methazolamide</i>	69
LYNPARZA	26	<i>methenamine hippurate</i>	12
LYSODREN	61	<i>methimazole</i>	62
LYTGOBI	24	METHITEST	57
<i>lyza</i>	60	<i>methotrexate</i>	64
<i>magnesium sulfate</i>	50	<i>methotrexate sodium</i>	64
<i>malathion</i>	47	METHOXSALEN	47
<i>maprotiline hcl</i>	18	<i>methscopolamine bromide</i>	52
<i>maraviroc</i>	33	<i>methsuximide</i>	16
<i>marlissa</i>	59	<i>methyl dopa</i>	38
MARPLAN	18	<i>methyl dopa/hydrochlorothiazide</i>	41
MATULANE	23	<i>methylphenidate hydrochloride</i>	44
<i>matzim la</i>	40	<i>methylphenidate hydrochloride er</i>	44
MAVYRET	31	<i>methylphenidate hydrochloride er (la)</i>	44
MAYZENT	45	<i>methylprednisolone</i>	56
MAYZENT STARTER PACK	45	<i>methylprednisolone acetate</i>	56
<i>meclizine hcl</i>	20	<i>methylprednisolone dose pack</i>	56
<i>medroxyprogesterone acetate</i>	60	<i>methylprednisolone sodium succinate</i>	56
<i>mefloquine hcl</i>	28	<i>methylprednisolone sodiumsuccinate</i>	56
<i>megestrol acetate</i>	60	<i>methyltestosterone</i>	57
MEKINIST	26	<i>metoclopramide hcl</i>	53
MEKTOVI	26	<i>metoclopramide hydrochloride</i>	53
<i>meloxicam</i>	8	<i>metolazone</i>	42
<i>memantine hcl titration pak</i>	18	<i>metoprolol succinate er</i>	40
<i>memantine hydrochloride</i>	18	<i>metoprolol tartrate</i>	40
<i>memantine hydrochloride er</i>	18	<i>metoprolol/hydrochlorothiazide</i>	41
MENACTRA	65	<i>metronidazole</i>	12
MENEST	59	<i>metronidazole</i>	45
MENQUADFI	65	<i>metronidazole vaginal</i>	12
MENVEO	65	<i>metyrosine</i>	41
<i>mercaptopurine</i>	23	<i>mexiletine hcl</i>	39
<i>meropenem</i>	14	<i>micalfungin</i>	21
<i>meropenem/sodium chloride</i>	14	<i>miconazole 3</i>	21
<i>merzee</i>	59	<i>microgestin 1.5/30</i>	59
<i>mesalamine</i>	66	<i>microgestin 1/20</i>	59
<i>mesalamine dr</i>	65	<i>microgestin 24 fe</i>	59
<i>mesalamine er</i>	65	<i>microgestin fe 1.5/30</i>	59
MESNEX	28	<i>microgestin fe 1/20</i>	59
<i>metadate er</i>	44	<i>midodrine hcl</i>	38
<i>metformin hydrochloride</i>	35	MIGERGOT	21
<i>metformin hydrochloride er</i>	35	MIGLUSTAT	54
<i>methadone hcl</i>	8	<i>mili</i>	59
<i>methadone hydrochloride</i>	8	MILLIPRED	56

Drug Name	Page #	Drug Name	Page #
<i>minocycline hcl</i>	15	<i>naproxen sodium</i>	8
<i>minocycline hydrochloride</i>	15	<i>naratriptan hcl</i>	22
<i>minocycline hydrochloride er</i>	15	NATACYN	68
<i>minoxidil</i>	43	<i>nateglinide</i>	35
<i>mirtazapine</i>	18	NATPARA	66
<i>mirtazapine odt</i>	18	NAYZILAM	16
<i>misoprostol</i>	53	<i>nebivolol</i>	40
MITIGARE	21	<i>nebivolol hydrochloride</i>	40
M-M-R II	65	<i>necon 0.5/35-28</i>	59
<i>modafinil</i>	73	<i>nefazodone hydrochloride</i>	19
<i>moexipril hcl</i>	39	<i>neomycin sulfate</i>	11
<i>molindone hydrochloride</i>	29	<i>neomycin/bacitracin/polymyxin</i>	67
<i>mometasone furoate</i>	46	<i>neomycin/polymyxin b sulfates</i>	11
<i>mometasone furoate</i>	70	<i>neomycin/polymyxin/bacitracin zinc</i>	67
<i>mondoxyne nl</i>	15	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	67
<i>montelukast sodium</i>	70	<i>one</i>	
<i>morgidox 1x50mg</i>	15	<i>neomycin/polymyxin/dexamethasone</i>	67
<i>morphine sulfate</i>	10	<i>neomycin/polymyxin/gramicidin</i>	67
<i>morphine sulfate er</i>	8	<i>neomycin/polymyxin/hc</i>	69
MOUNJARO	35	<i>neomycin/polymyxin/hydrocortisone</i>	67
MOVANTIK	52	<i>neomycin/polymyxin/hydrocortisone</i>	69
<i>moxifloxacin hydrochloride/sodium</i>	14	<i>neo-polycin</i>	67
<i>hydrochloride</i>		<i>neo-polycin hc</i>	67
<i>moxifloxacin hydrochloride</i>	14	NEO-SYNALAR	47
<i>moxifloxacin hydrochloride</i>	68	NEPHRAMINE	50
MULTAQ	39	NERLYNX	27
<i>multiple electrolytes injection type I</i>	50	NESINA	35
<i>mupirocin</i>	48	NEULASTA	38
MYALEPT	53	NEULASTA ONPRO KIT	38
<i>mycophenolate mofetil</i>	64	NEUPOGEN	38
<i>mycophenolic acid dr</i>	64	NEUPRO	28
MYORISAN	45	<i>nevirapine</i>	32
MYRBETRIQ	55	<i>nevirapine er</i>	32
MYTESI	52	<i>niacin</i>	43
<i>nabumetone</i>	8	<i>niacin er</i>	43
<i>nadolol</i>	40	NIACOR	43
<i>nafcillin</i>	13	<i>nicardipine hcl</i>	40
<i>nafcillin sodium</i>	13	NICOTROL INHALER	11
<i>naftifine hydrochloride</i>	21	NICOTROL NS	11
<i>nalocet</i>	10	<i>nifedipine er</i>	40
<i>naloxone hcl</i>	10	<i>nikki</i>	59
<i>naloxone hydrochloride</i>	11	<i>nilutamide</i>	23
<i>naltrexone hcl</i>	10	<i>nimodipine</i>	40
NAMENDA XR TITRATION PACK	18	NINLARO	24
NAMZARIC	17	<i>nitazoxanide</i>	28
<i>naproxen</i>	8	<i>nitisinone</i>	54

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Page #	Drug Name	Page #
NITRO-BID	43	NUTROPIN AQ NUSPIN 5	56
<i>nitrofurantoin</i>	12	<i>nyamyc</i>	21
<i>nitrofurantoin macrocrystals</i>	12	<i>nylia 1/35</i>	59
<i>nitrofurantoin monohydrate/macrocrystals</i>	12	<i>nylia 7/7/7</i>	59
<i>nitroglycerin</i>	43	<i>nymyo</i>	59
<i>nitroglycerin lingual</i>	43	<i>nystatin</i>	21
<i>nitroglycerin transdermal</i>	43	<i>nystatin/triamcinolone</i>	47
NIVESTYM	38	<i>nystatin/triamcinolone acetonide</i>	47
<i>nizatidine</i>	53	<i>nystop</i>	21
<i>norethindrone</i>	60	NYVEPRIA	38
<i>norethindrone acetate</i>	60	<i>ocella</i>	59
<i>norethindrone acetate/ethinyl estradiol</i>	59	OCTREOTIDE ACETATE	61
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	59	ODEFSEY	32
<i>norgestimate/ethinyl estradiol</i>	59	ODOMZO	27
NORMOSOL -R	50	OFEV	72
NORMOSOL-M IN D5W	50	<i>ofloxacin</i>	14
NORMOSOL-R	50	<i>ofloxacin</i>	68
<i>nortrel 0.5/35 (28)</i>	59	<i>ofloxacin</i>	69
<i>nortrel 1/35</i>	59	<i>okebo</i>	15
<i>nortrel 7/7/7</i>	59	<i>olanzapine</i>	30
<i>nortriptyline hcl</i>	20	<i>olanzapine odt</i>	30
<i>nortriptyline hydrochloride</i>	20	<i>olmesartan medoxomil</i>	39
NORVIR	33	<i>olmesartan</i>	41
NOVOLIN 70/30	37	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN 70/30 FLEXPEN	37	<i>olmesartan medoxomil/hydrochlorothiazide</i>	41
NOVOLIN N	37	<i>olopatadine hcl</i>	68
NOVOLIN N FLEXPEN	37	<i>olopatadine hcl</i>	70
NOVOLIN R	37	<i>olopatadine hydrochloride</i>	68
NOVOLIN R FLEXPEN	37	<i>omega-3-acid ethyl esters</i>	43
NOVOLOG	37	<i>omeprazole</i>	53
NOVOLOG FLEXPEN	37	<i>omeprazole dr</i>	53
NOVOLOG MIX 70/30	37	OMNITROPE	56
NOVOLOG MIX 70/30 PREFILLED	37	<i>ondansetron hcl</i>	20
FLEXPEN		<i>ondansetron hydrochloride</i>	20
NOVOLOG PENFILL	37	<i>ondansetron odt</i>	20
NOXAFIL	21	ONGLYZA	35
NUBEQA	23	ONUREG	24
NUCALA	72	OPSUMIT	71
NUCYNTA	10	<i>oralone dental paste</i>	45
NUCYNTA ER	8	ORAVIG	21
NUEDEXTA	44	ORENCIA	62
NUPLAZID	30	ORENCIA	64
NUTRILIPID	67	ORENCIA CLICKJECT	62
NUTROPIN AQ NUSPIN 10	56	ORENITRAM	71
NUTROPIN AQ NUSPIN 20	56	ORENITRAM TITRATION KIT MONTH	71
		1	

Drug Name	Page #	Drug Name	Page #
ORENITRAM TITRATION KIT MONTH	71	<i>peg 3350/electrolytes</i>	53
2		<i>peg-3350/electrolytes</i>	53
ORENITRAM TITRATION KIT MONTH	71	<i>peg-3350/electrolytes/ascorbate</i>	53
3		<i>peg-3350/nacl/na bicarbonate/kcl</i>	53
ORFADIN	54	<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	53
ORGOVYX	61	<i>ascorbate/ascorbic</i>	
ORKAMBI	71	PEGASYS	63
ORSERDU	24	PEMAZYRE	24
<i>orsythia</i>	59	<i>peniclovir</i>	48
<i>oseltamivir phosphate</i>	33	<i>penicillamine</i>	51
OSENI	35	<i>penicillamine</i>	55
OSPHENA	61	<i>penicillin g potassium</i>	13
OTEZLA	47	<i>penicillin g procaine</i>	13
OTEZLA	62	<i>penicillin g sodium</i>	14
OTREXUP	64	<i>penicillin v potassium</i>	14
<i>oxacillin sodium</i>	13	PENTACEL	65
<i>oxaliplatin</i>	23	<i>pentamidine isethionate</i>	28
<i>oxandrolone</i>	56	PENTASA	66
<i>oxcarbazepine</i>	17	<i>pentoxifylline er</i>	41
<i>oxybutynin chloride</i>	55	<i>perindopril erbumine</i>	39
<i>oxybutynin chloride er</i>	55	<i>perio gard</i>	45
<i>oxycodone hcl</i>	10	<i>permethrin</i>	47
<i>oxycodone hydrochloride</i>	10	<i>perphenazine</i>	29
<i>oxycodone/acetaminophen</i>	10	<i>perphenazine/amitriptyline</i>	18
<i>oxycodone/aspirin</i>	10	PERSERIS	30
<i>oxymorphone hydrochloride</i>	10	PERTZYE	54
<i>oxymorphone hydrochloride er</i>	9	PEXEVA	19
<i>oxymorphone hydrochlorideer</i>	9	<i>phenadoz</i>	20
OZEMPIC	35	<i>phenelzine sulfate</i>	18
<i>pacerone</i>	39	<i>phenobarbital</i>	16
<i>paclitaxel</i>	24	PHENOXYBENZAMINE	38
<i>paliperidone er</i>	30	HYDROCHLORIDE	
<i>pamidronate disodium</i>	66	<i>phenytoin</i>	17
PANCREAZE	54	<i>phenytoin sodium extended</i>	17
PANRETIN	28	PHOSPHOLINE IODIDE	69
<i>pantoprazole sodium</i>	53	PIFELTRO	32
<i>paraplatin</i>	23	<i>pilocarpine hcl</i>	69
<i>paricalcitol</i>	66	<i>pilocarpine hydrochloride</i>	45
<i>paroex</i>	45	<i>pimozide</i>	29
<i>paromomycin sulfate</i>	11	<i>pimtrea</i>	59
<i>paroxetine hcl</i>	19	<i>pindolol</i>	40
<i>paroxetine hcl er</i>	19	<i>pioglitazone hcl</i>	35
<i>paroxetine hydrochloride</i>	19	<i>pioglitazone hcl/metformin hcl</i>	35
PASER	22	<i>pioglitazone hydrochloride</i>	35
PEDIARIX	65	<i>piperacillin sodium/tazobactam sodium</i>	14
PEDVAX HIB	65	PIQRAY 200MG DAILY DOSE	27

Drug Name	Page #	Drug Name	Page #
PIQRAY 250MG DAILY DOSE	27	PREMASOL	51
PIQRAY 300MG DAILY DOSE	27	PREMPHASE	59
<i>pirfenidone</i>	72	PREMPRO	59
<i>pirmella 1/35</i>	59	<i>prevalite</i>	43
<i>piroxicam</i>	8	<i>previfem</i>	59
PLASMA-LYTE A	50	PREVYMIS	31
PLASMA-LYTE-148	50	PREZCOBIX	33
PLEGRIDY	45	PREZISTA	33
PLEGRIDY STARTER PACK	45	PRIFTIN	22
<i>plenamine</i>	50	<i>primaquine phosphate</i>	28
<i>podofilox</i>	47	<i>primidone</i>	17
<i>polycin</i>	67	PRIORIX	65
<i>polymyxin b sulfate/trimethoprim sulfate</i>	67	PRIVIGEN	62
POMALYST	23	<i>probenecid</i>	21
<i>portia-28</i>	59	<i>probenecid/colchicine</i>	21
<i>posaconazole</i>	21	PROCALAMINE	51
<i>posaconazole dr</i>	21	<i>prochlorperazine</i>	20
<i>potassium chloride</i>	50	<i>prochlorperazine maleate</i>	20
<i>potassium chloride cr</i>	50	PROCRIT	38
<i>potassium chloride er</i>	50	<i>procto-med hc</i>	66
<i>potassium chloride/dextrose</i>	50	<i>procto-pak</i>	66
<i>potassium chloride/dextrose/lactated</i>	50	<i>proctosol hc</i>	66
<i>ringers</i>		<i>proctozone-hc</i>	66
<i>potassium chloride/dextrose/sodium</i>	50	<i>progesterone</i>	60
<i>chloride</i>		PROGRAF	64
<i>potassium chloride/sodium chloride</i>	50	PROLASTIN-C	54
<i>potassium citrate er</i>	50	PROLEUKIN	24
PRALUENT	43	PROLIA	66
<i>pramipexole dihydrochloride</i>	28	PROMACTA	38
<i>prasugrel</i>	38	<i>promethazine hcl</i>	20
<i>pravastatin sodium</i>	42	<i>promethazine hydrochloride</i>	20
<i>praziquantel</i>	28	<i>promethegan</i>	20
<i>prazosin hcl</i>	39	<i>propafenone hcl</i>	39
<i>prazosin hydrochloride</i>	39	<i>propafenone hydrochloride er</i>	39
<i>prednicarbate</i>	46	<i>proparacaine hcl</i>	67
<i>prednisolone</i>	56	<i>propranolol hcl</i>	40
<i>prednisolone acetate</i>	68	<i>propranolol hcl er</i>	40
<i>prednisolone sodium phosphate</i>	56	<i>propranolol hydrochloride</i>	40
<i>prednisolone sodium phosphate</i>	68	<i>propranolol hydrochloride er</i>	40
<i>prednisolone sodium phosphate odt</i>	56	<i>propranolol/hydrochlorothiazide</i>	41
<i>prednisone</i>	56	<i>propylthiouracil</i>	62
<i>prednisone intensol</i>	56	PROQUAD	65
<i>pregabalin</i>	16	PROSOL	51
<i>pregabalin er</i>	44	<i>protriptyline hcl</i>	20
PREHEVBRIO	65	PULMOZYME	71
PREMARIN	59	PURIXAN	24

Drug Name	Page #	Drug Name	Page #
PYLERA	53	RIDAURA	63
<i>pyrazinamide</i>	22	<i>rifabutin</i>	22
<i>pyridostigmine bromide</i>	22	<i>rifampin</i>	22
<i>pyridostigmine bromide er</i>	22	<i>riluzole</i>	44
<i>pyrimethamine</i>	28	<i>rimantadine hydrochloride</i>	33
QINLOCK	23	RINVOQ	63
QNASL CHILDRENS	70	<i>risedronate sodium</i>	66
QTERN	35	<i>risedronate sodium dr</i>	66
QUADRACEL	65	RISPERDAL CONSTA	30
<i>quetiapine fumarate</i>	30	<i>risperidone</i>	30
<i>quetiapine fumarate er</i>	30	RISPERIDONE ODT	30
<i>quinapril hcl</i>	39	<i>ritonavir</i>	33
<i>quinapril hydrochloride</i>	39	<i>rivastigmine tartrate</i>	17
<i>quinapril/hydrochlorothiazide</i>	41	<i>rivastigmine transdermal system</i>	17
<i>quinidine gluconate cr</i>	39	<i>rivelsa</i>	59
<i>quinidine sulfate</i>	39	<i>rizatriptan benzoate</i>	22
<i>quinine sulfate</i>	28	<i>rizatriptan benzoate odt</i>	22
QVAR REDIHALER	70	<i>roflumilast</i>	71
RABAVERT	65	<i>ropinirole er</i>	28
<i>rabeprazole sodium</i>	54	<i>ropinirole hcl</i>	28
<i>raloxifene hydrochloride</i>	61	<i>ropinirole hydrochloride</i>	29
<i>ramipril</i>	39	<i>rosadan</i>	45
<i>ranolazine er</i>	41	<i>rosuvastatin calcium</i>	42
<i>rasagiline mesylate</i>	29	ROTARIX	65
RAYALDEE	66	ROTATEQ	65
<i>reclipsen</i>	59	<i>roweepra</i>	16
RECOMBIVAX HB	65	<i>roweepra xr</i>	16
RECORLEV	61	ROZLYTREK	27
RECTIV	53	RUBRACA	27
REGRANEX	47	<i>rufinamide</i>	17
RELENZA DISKHALER	33	RUKOBIA	33
RELISTOR	52	RYBELSUS	35
<i>repaglinide</i>	35	RYDAPT	27
REPATHA	43	<i>sajazir</i>	62
REPATHA PUSHTRONEX SYSTEM	43	SANDIMMUNE	64
REPATHA SURECLICK	43	SANTYL	47
RESTASIS	67	<i>sapropterin dihydrochloride</i>	54
RESTASIS MULTIDOSE	67	SAVELLA	44
RETACRIT	38	SAVELLA TITRATION PACK	44
RETEVMO	24	SCSEMBLIX	24
REXULTI	30	<i>scopolamine</i>	20
REYATAZ	33	SECUADO	30
REZLIDHIA	27	<i>selegiline hcl</i>	29
REZUROCK	64	<i>selenium sulfide</i>	46
RHOPRESSA	69	SELZENTRY	33
<i>ribavirin</i>	31	SEREVENT DISKUS	71

Drug Name	Page #	Drug Name	Page #
<i>sertraline hcl</i>	19	SPRYCEL	27
SERTRALINE HYDROCHLORIDE	19	<i>sps</i>	52
<i>setlakin</i>	59	<i>sronyx</i>	60
<i>sevelamer carbonate</i>	52	<i>ssd</i>	47
<i>sevelamer hydrochloride</i>	52	<i>stavudine</i>	32
<i>sharobel</i>	60	STELARA	63
SHINGRIX	65	STIOLTO RESPIMAT	72
SIGNIFOR	61	STIVARGA	27
SIGNIFOR LAR	62	STREPTOMYCIN SULFATE	11
<i>sildenafil citrate</i>	72	STRIBILD	31
<i>silver sulfadiazine</i>	47	STRIVERDI RESPIMAT	71
SIMBRINZA	67	<i>sucrafate</i>	53
<i>simvastatin</i>	42	<i>sulfacetamide sodium</i>	68
<i>sirolimus</i>	64	<i>sulfacetamide sodium/prednisolone sodium</i>	68
SIRTURO	22	<i>phosphate</i>	
SIVEXTRO	12	<i>sulfadiazine</i>	15
SKYRIZI	63	<i>sulfamethoxazole/trimethoprim</i>	15
SKYRIZI PEN	63	<i>sulfamethoxazole/trimethoprim ds</i>	15
<i>sodium chloride</i>	51	<i>sulfasalazine</i>	66
<i>sodium chloride 0.45%</i>	51	<i>sulindac</i>	8
<i>sodium chloride 0.9%</i>	67	<i>sumatriptan</i>	22
SODIUM OXYBATE	73	<i>sumatriptan succinate</i>	22
<i>sodium phenylbutyrate</i>	54	<i>sumatriptan succinate refill</i>	22
<i>sodium polystyrene sulfonate</i>	51	SUNITINIB MALATE	27
<i>sodium polystyrene sulfonate</i>	52	SUNLENCA	33
SODIUM SULFATE/POTASSIUM	53	SUPRAX	13
SULFATE/MAGNESIUM SULFATE		<i>syeda</i>	60
SOFOSBUVIR/VELPATASVIR	31	SYMBICORT	72
<i>solifenacin succinate</i>	55	SYMJEPI	71
SOLQUA 100/33	35	SYMLINPEN 120	35
SOLOSEC	12	SYMLINPEN 60	35
SOLTAMOX	23	SYMPAZAN	17
SOMATULINE DEPOT	62	SYMTUZA	33
SOMAVERT	62	SYNAREL	62
<i>sorafenib</i>	27	SYNJARDY	35
<i>sorafenib tosylate</i>	27	SYNJARDY XR	35
<i>sorine</i>	39	SYNRIBO	24
<i>sotalol hcl</i>	39	SYNTHAMIN 17	51
<i>sotalol hydrochloride (af)</i>	39	SYNTHROID	61
SOTYLIZE	40	TABLOID	24
SPIRIVA HANDIHALER	70	TABRECTA	23
SPIRIVA RESPIMAT	70	<i>tacrolimus</i>	46
<i>spironolactone</i>	42	<i>tacrolimus</i>	64
<i>spironolactone/hydrochlorothiazide</i>	42	<i>tadalafil</i>	55
<i>sprintec 28</i>	60	<i>tadalafil</i>	72
SPRITAM	16	TAFINLAR	27

Drug Name	Page #	Drug Name	Page #
<i>tafluprost</i>	69	TICOVAC	65
TAGRISSO	27	<i>tigecycline</i>	12
TALZENNA	27	<i>tilia fe</i>	60
<i>tamoxifen citrate</i>	23	<i>timolol maleate</i>	21
<i>tamsulosin hydrochloride</i>	55	<i>timolol maleate</i>	69
<i>tarina 24 fe</i>	60	<i>timolol maleate ophthalmic gel forming</i>	69
<i>tarina fe 1/20 eq</i>	60	<i>tinidazole</i>	12
TASIGNA	27	<i>tiopronin</i>	55
<i>tasimelteon</i>	73	TIVICAY	31
<i>tavaborole</i>	21	TIVICAY PD	31
TAVALISSE	38	<i>tizanidine hcl</i>	31
<i>taysofy</i>	60	<i>tizanidine hydrochloride</i>	31
<i>tazarotene</i>	45	TOBI PODHALER	71
TAZICEF	13	TOBRADEX	68
<i>taztia xt</i>	40	<i>tobramycin</i>	68
TAZVERIK	25	<i>tobramycin</i>	71
TDVAX	65	<i>tobramycin sulfate</i>	11
TEFLARO	13	<i>tobramycin sulfate</i>	68
<i>telmisartan</i>	39	<i>tobramycin/dexamethasone</i>	68
<i>telmisartan/amlodipine</i>	42	<i>tolbutamide</i>	36
<i>telmisartan/hydrochlorothiazide</i>	42	<i>tolcapone</i>	28
<i>temazepam</i>	73	<i>tolterodine tartrate</i>	55
TENIVAC	65	<i>tolterodine tartrate er</i>	55
<i>tenofovir disoproxil fumarate</i>	32	<i>tolvaptan</i>	51
TEPMETKO	27	<i>topiramate</i>	16
<i>terazosin hcl</i>	55	TOPIRAMATE ER	16
<i>terazosin hydrochloride</i>	55	<i>toposar</i>	25
<i>terbinafine hcl</i>	21	TOREMIFENE CITRATE	23
<i>terconazole</i>	21	<i>toremide</i>	42
<i>teriflunomide</i>	45	TOUJEO MAX SOLOSTAR	37
TERIPARATIDE	66	TOUJEO SOLOSTAR	37
<i>testosterone</i>	57	TPN ELECTROLYTES	51
<i>testosterone cypionate</i>	57	TRACLEER	72
<i>testosterone enanthate</i>	57	TRADJENTA	36
<i>testosterone pump</i>	57	<i>tramadol hcl</i>	10
TETRABENAZINE	44	<i>tramadol hcl er</i>	9
<i>tetracycline hydrochloride</i>	15	<i>tramadol hydrochloride</i>	10
THALOMID	23	<i>tramadol hydrochloride er</i>	9
THEO-24	71	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>theophylline</i>	71	<i>trandolapril</i>	39
<i>theophylline er</i>	71	<i>tranexamic acid</i>	38
<i>thioridazine hcl</i>	29	<i>tranylcypromine sulfate</i>	18
<i>thiothixene</i>	29	TRAVASOL	51
<i>tiadylt er</i>	41	<i>travoprost</i>	69
<i>tiagabine hydrochloride</i>	17	<i>trazodone hydrochloride</i>	19
TIBSOVO	27	TRECTOR	22

Drug Name	Page #	Drug Name	Page #
TRELEGY ELLIPTA	72	TURALIO	27
TRELSTAR MIXJECT	62	TWINRIX	65
TRESIBA	37	TYBOST	33
TRESIBA FLEXTOUCH	37	TYMLOS	66
TRETINOIN	28	TYPHIM VI	65
<i>tretinoin</i>	45	UBRELVY	21
<i>tretinoin microsphere</i>	45	UCERIS	66
TREXALL	64	UDENYCA	38
<i>triamcinolone acetonide</i>	46	<i>unithroid</i>	61
<i>triamcinolone acetonide dental paste</i>	45	UPTRAVI	72
<i>triamterene/hydrochlorothiazide</i>	42	UPTRAVI TITRATION PACK	72
<trianex< td=""> <td>47</td> <td>URSODIOL</td> <td>53</td> </trianex<>	47	URSODIOL	53
<triderm< td=""> <td>47</td> <td>VABOMERE</td> <td>14</td> </triderm<>	47	VABOMERE	14
TRIENTINE HYDROCHLORIDE	51	<i>valacyclovir hcl</i>	33
<i>trifluoperazine hcl</i>	29	<i>valacyclovir hydrochloride</i>	33
<i>trifluoperazine hydrochloride</i>	29	VALCHLOR	23
<trifluridine< td=""> <td>68</td> <td> <i>valganciclovir</i></td> <td>31</td> </trifluridine<>	68	<i>valganciclovir</i>	31
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TRIJARDY XR	36	<i>valsartan</i>	39
TRIKAFTA	71	<i>valsartan/hydrochlorothiazide</i>	42
<tri-legest fe<="" td=""> <td>60</td> <td> VALTOCO 10 MG DOSE</td> <td>17</td> </tri-legest>	60	VALTOCO 10 MG DOSE	17
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trilyte	53	VALTOCO 5 MG DOSE	17
trimethoprim	12	<i>vancomycin</i>	12
<tri-mili< td=""> <td>60</td> <td> <i>vancomycin hcl</i></td> <td>12</td> </tri-mili<>	60	<i>vancomycin hcl</i>	12
trimipramine maleate	20	VANCOMYCIN HYDROCHLORIDE	12
TRINTELLIX	19	<i>vancomycin hydrochloride/dextrose</i>	12
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tritocin	47	VARIVAX	65
TRIUMEQ	32	VARIZIG	62
TRIUMEQ PD	32	VARUBI	20
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TRIZIVIR	32	VELPHORO	52
TROPHAMINE	51	VELTASSA	52
<i>tropium chloride</i>	55	VEMLIDY	31
<i>tropium chloride er</i>	55	VENCLEXTA	27
TRULANCE	52	VENCLEXTA STARTING PACK	27
TRULICITY	36	VENLAFAXINE BESYLATE ER	19
TRUMENBA	65	<i>venlafaxine hcl er</i>	19
TUKYSA	25	<i>venlafaxine hydrochloride</i>	19

Drug Name	Page #	Drug Name	Page #
<i>venlafaxine hydrochloride er</i>	19	XELJANZ	63
VENTOLIN HFA	71	XELJANZ XR	63
<i>verapamil hcl</i>	41	XERMELO	52
<i>verapamil hcl er</i>	41	XGEVA	66
<i>verapamil hcl sr</i>	41	XIFAXAN	53
<i>verapamil hydrochloride</i>	41	XIGDUO XR	36
<i>verapamil hydrochloride er</i>	41	XIIDRA	68
VEREGEN	47	XOFLUZA	33
VERQUVO	43	XOLAIR	63
VERSACLOZ	30	XOPENEX HFA	71
VERZENIO	27	XOSPATA	27
<i>vestura</i>	60	XPOVIO	25
VIBERZI	52	XPOVIO 100 MG ONCE WEEKLY	25
VICTOZA	36	XPOVIO 40 MG ONCE WEEKLY	25
<i>vienna</i>	60	XPOVIO 40 MG TWICE WEEKLY	25
VIGABATRIN	17	XPOVIO 60 MG ONCE WEEKLY	25
VIGADRONE	17	XPOVIO 60 MG TWICE WEEKLY	25
VIIBRYD STARTER PACK	19	XPOVIO 80 MG ONCE WEEKLY	25
<i>vilazodone hydrochloride</i>	19	XPOVIO 80 MG TWICE WEEKLY	25
<i>vinblastine sulfate</i>	25	XTANDI	23
<i>vincasar pfs</i>	25	XULTOPHY 100/3.6	36
<i>vincristine sulfate</i>	25	YF-VAX	65
<i>vinorelbine tartrate</i>	25	YONSA	23
VIRACEPT	33	YUFLYMA 1-PEN KIT	64
VIREAD	32	YUFLYMA 2-PEN KIT	64
<i>vitazol</i>	46	<i>yuvafem</i>	60
VITRAKVI	27	<i>zafirlukast</i>	70
VIVITROL	10	<i>zaleplon</i>	73
VIZIMPRO	27	<i>zarah</i>	60
VOCABRIA	32	ZARXIO	38
VONJO	25	ZEJULA	27
<i>voriconazole</i>	21	ZELAPAR	29
VOSEVI	31	ZELBORAF	27
VOTRIENT	27	ZEMAIRA	54
VRAYLAR	30	<i>zenatane</i>	46
<i>vyfemla</i>	60	ZENPEP	55
<i>vylibra</i>	60	ZEPATIER	31
VYZULTA	69	ZERBAXA	13
<i>warfarin sodium</i>	37	<i>zidovudine</i>	32
WELIREG	27	<i>ziprasidone hcl</i>	30
<i>wixela inhub</i>	72	<i>ziprasidone mesylate</i>	30
XALKORI	27	ZIRGAN	68
XARELTO	38	<i>zoledronic acid</i>	66
XARELTO STARTER PACK	37	ZOLINZA	25
XATMEP	64	<i>zolmitriptan</i>	22
XCOPRI	16	<i>zolmitriptan odt</i>	22

Drug Name	Page #
<i>zolpidem tartrate</i>	73
<i>zolpidem tartrate er</i>	73
ZOMACTON	56
ZONISADE	17
<i>zonisamide</i>	17
ZONTIVITY	38
<i>zovia 1/35</i>	60
<i>zovia 1/35e</i>	60
ZTALMY	44
ZYDELIG	27
ZYKADIA	28
ZYPREXA RELPREVV	30

This formulary was updated on 08/25/2023. For more recent information or other questions, please contact University Hospitals MA Red Plan by PTHP Customer Service at 1-833-954-0483 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

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